1 DIACE OF BEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 27 av

CERTIFICATE OF DEATH

03380

eg. Dist. No. 28

County. City or town	City or town (If outside city of town limits, write RURAL and give parest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Grace A. Arth	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female White Rungle	MEDICAL CERTIFICATION about 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. DATE OF DEATH 29. DATE OF DEATH 20.
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birthplace Clerk 10. Usual occupation Clerk Clerk 11. Industry or business M. S. Treasury Dept. 12. Name Days Occupation Clerk 13. Birthplace Washing Clerk 14. Maiden name Hearentta Salia.	21. I CERTIFY that death occurred on the dark above stated; that I allended deceased from Aug. 19 10 10 19 16 and that I last saw held allive on 19 19 16 Immediate cause of death DURATION DURATION Due to 10 10 10 10 10 10 10 10 10 10 10 10 10
2 15. Birthplace Washington DC. 16. Informant Man + Man. Hagle Marcellus Address Hambrillo md.	Antopsy results
17. Burish Date thereof Offin S, 1946 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Congressional Location Mashington Decomposition	Where did injury occur?
18. Funeral director. I, M. Lee & Sons. Address Washington, D. E.	Means of Injury Injured at work? 23. SIGNATURE THE WAY REAL M.D.
19. (Date rec'd by registrar) E. J. Succession Registrar	Address Princepolis Md Rate stoned 7/5/46



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

033812 Reg. Dist. No.

County Go	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (12 outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Hospital, Institution, or street address where death occurred: HOSPITAL TOHOLOGY HIGH WA	Street No. 37.0 (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME WAYNE LOVIS BO.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced STNELE WHITE STNELE	MEDICAL CERTIFICATION 20. DATE DF DEATH A COLL 10 1946, 21 600 M
8.(b) Name of husband or wife	21. I CERTIFY) that death occurred on the date above stated; that I attended deceased from 19. 10. 119. 10. 119. 10. 119. 10. 119. 119
8. AGE: Years Months Days If less than one day 7.7min.	(Dunello Memunia 2 days
9. Birthplace (Town, county, and state) 10. Usual occupation.	Bue to resher Laryngio 3 days
	Due to
11. Industry or business 12. Hame £DWIN. BOYER. 13. Birthplace BALTD MD	Diher conditions
14. Maiden name PUTH. STORM 15. Birthplace / BALTO MO	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant EDWIN BOYER Address 320 GWYNIN AVE	Antopsy results
17. BUIZIA L. Bate thereof 4-12-46 (Burlel, cremation, or removed Which?) (Burlel, cremation, or removed Which?) (Burlel, cremation, or removed Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory. Balto 7nd	Where did injury occur?
18. Funeral director Mrs Chas a G. Rohde	Means of Injury Injured at work?
Address 2327 Edmongson live	2 SPENATURE Flist West Ohuson mile
19. (Date rec'd by registrar) Registrar	Addres 482 Freder Chan Bate signed 4/10/46

			28	
Par	Dist	No.	~0	

			CERTII	FICATE	OF DEATH
Hospital, Institution,	OWNS VILL coutside city or ce of death?	Le. Marvla town limits, write le 28 years, where death occurre State Hosp 28 years,	it al 3 months	town) C	C. USUAL RESIDENCE (For newborn infants Maryland late SI (If outside control of the control of t
4.Sex male	5. Color or ra		le, married, widowed, or divor widower		M O. DATE OF DEATHApr.
6.(b) Name of husbas 7. Birth date of deceased (mo., da)		6. ((c) If allve, give age	years 2	I. I CERTIFY that death occur January 1 Ind that I last saw h im
8. AGE: Yes	ors Months	Bays unknown	If less than one day		mmediate cause of death
9. Birthplace	Lá	en			ue to
12. Name	Maryla	ınd		0	ther conditions (Include pre
14. Maiden nam	Mary la	•••••			Sajor findings of operations.
16. Informant	Hospit	al Record	***************************************		Autopsy results PHYSICIAN: Please underlis
Address 17. (Burlal, cremati Cemetery or cremati Location	on, or removal.	Sville, Manual Bate the Which?) Date the	reof H-13 (month) (day)	(yesr) A	12. VIOLENCE: If death was accident, suicide, or homicide. Where did Injury occur?
19. 1-13 (Date rec'd by	-46 19.	5	7 Joyce &	ocal	address Crownsvi

L OI DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
State Maryland	
City or town Snow Hil	
Street No. unknown	rive LOCATION)
2.(a) If veteran, name warunk	nom V
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH April 1	19.46 ,at 3:00P
21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from 1918, to April 1 1946
and that I last saw h im alive on A	pril l 19 46
Immediate cause of death	DURATION

General Arteriosclerosis	Known to
Due to	us sinc 1/1/18
Due to	
Other conditions Involutional Psychosis	Known to
(Include pregnancy within 3 months of death)	1/1/18
Major findings of operations	
Bate of op.	

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Where did injury occur? (State) (County) (City or town)

Injured al home, fram, Industry, public place (where?)

M. D. or other

Crownsville, Maryland

The correct age

PLEASE



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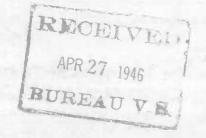
A15 SN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

03383

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give besidence of mother) State
- Ellen Denie Brens	51(0) 511111511111, 1111111
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Office 24 19.46 at 10.00
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.38 to 2 19.49 and that I last saw h. 21. alive on 19.38 to 19.38
8. AGE: Years Months Days If less than one day	Duration Due to.
10. Usual occupation	Other conditions Calculations C
14. Maiden name. Amica M. Saelier 15. Birthplace Amagrolic	Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Date thereof (month) (day) (year) Cemetery or crematory Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 18. Funerat director. Address Address	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 29. SIONATURE. M. D. or other
(Date rec'd by registrar)	Address Date signed T.



ATTION OF THE TOTAL BY SYLETING AND ADDRESS.

DESCRIPTION OF THE POST OF

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VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 334

03384 Reg. Dist. No..

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Chane Chrimae. City or town Brooklyn Byto - (Balto. 25)	State Took County anne arundal
(If outside city or town limits, write RURAL and give nearest town)	City or town (17 outside city or town limits, write RUMAL and give nearest town)
How long in ebove place of death?	111 Amain Pulant
	Streel No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elizabeth (19)	urke 3. (b) Social Security Number
4. Sex 5. Color or race b.(u)Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Hense White Wholowed	20. DATE DE DEATH ABRIL 14 19.46 at 1.15 9
6.(b) Name of husband or wife. Thomas 46 421er ho.	21. I CERTIFY that death occurred on the date above started; that I ettended deceased from
	19 / 50 10 10 17 19 77
7. Cirih date of deceased (mo., day, yr.) July 11, 1865	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
80 9 3hrs,min.	arbin plante big
Ba Otisina mad	- falsa diasa con
9. Birthplace (Town, county, and state)	Due to Type W William with the
10. Usual occupation Of Home	Davide .
11. Industry or business	Due to
12. Name John Olchley	Dther conditions
13. Virthplace Lemman	
14. Maiden name assis (nee?)	(Include pregnancy within 8 months of death)
15. Birthpiace Service	Major findings of operations
2 15. Birthplace Serving	be - in - law)
16. Informant MAO : Land Market Marke	Autorsy results.
Address Low Ove, Brooklyn Ago. 9.4.6., Wel	PHYSICIAN: Flease number inc the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Barjat, cremation, or removal, Which?) Dale thereof (Month) (day) Ayer?)	Accident, suicide, or homicide, Date of
Cemetery or crematory Int. Bornal	Where did injury occur?
Location Baltura may	Injured at home, farm, Industry, public place (where?)
B.A. S. N. C.	Means of Injury Injured at work?
18. Funeral director A.	1 10 12 1. 1. 111
Address 700 Denostr. Bala. 30, M	23. SIGNATURE 100 Mille 1100
19. X/6 A. W. Hedrel	M. D. or other,

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03385

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:	. 1.1		2. USUAL RESIDENCE (HOME) OF DECEASED:		
County County				(For newborn infants give residence of mother)		
City or town.	traid city or town	mita write B	URAL and give nearest town)	County		
How long in above place	of deaths 58 V	ears	STEAL and graphearest town)	City or town — O — acceptant (If outside city or town limits.		•••••
Hospital, Institution, or	street address where	death occurred	*	Street Bed late	, write RURAL and give ne	eareat town)
died sudder	aly on old	rail	road track at Bes	Street Ha		
How long in hospital or	Inctitution?	none	***************************************	Md.	LOCATION)	
				2.(a) If veleran, name war	***************************************	
3. (a) FULL NAME		in s	Journall		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	o, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M.	Col.	M	arried	20. DATE OF DEATH. Capeel	,20	194620
6.(b) Name of husband				21. I CERTIFY that death occurred on the dale abov		
		6.(4) If alive, give age56years	19	, to	19
7. Birth date of deceased (mo., day, y		8		and that I last saw halive on		19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	······	DURATION
58			hrs. min.	Commey seek	un	Suddly,
		1 0		1		***
9. Birthplace Bes	(Town,	county, and s	tate)	Due to		•••
1D. Usual occupation	genera	1 util	ity man		.00.0	
11. Industry or business				Oue to	••••••	***
	Samuel Car			***************************************		***************************************
			3.6.3	Other conditions	***************************************	•• ••••••••••••••
	Anne Arur			(Include pregnancy within 8 m	onths of death)	
14. Malden oame	Jennie Bos	ton	***************************************			
14. Malden oame! 15. Birthplace	Anne Art	indel C	o. Md.	Major findings of operations.		
16. Interment Mrs			O Paragraphic Control of the Control	***************************************	Dale of op	
				Autopsy results		
Address 4 C	olonial Av	re. Ann	napolis Md.	PHYS1C1AN: Please underline the cause to whi		statistically.
. Burial		Data these	4/94/46	22. V10LENCE: If death was due to external cause	es, fill la the following:	
Burial Burial (Burial, cremation,			of	Accident, suicide, or homicide		
Cemetery or cremator	Fowlers (hapel	Cemetery	Where did injury occur?	(Comphy)	(Ch. h.)
					and the second second	(State)
				tojured at home, farm, industry, public place (whe		**************************
18. Funeral director				Means of Injury	Injured at work?	
Address 45 N	orthwest \$	Anr	apolis Md.	0 1-NI	2 1. 8.	ek -
0 '0	11 11	7)	XIII I	23. SIGNATURE	June 1	A
19. (Date rec'd by reg	19.46 strar)	1/1	Registrar	Address Iden Burnie	Trust Bate signed	4/20/46.

APR 25 1946
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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-de

CERTIFICATE OF DEATH

03386

Reg. Diat. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State Description County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred;	Street No. Bay Ridge Prod
Bay Rage Pack	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Florence Lee la	habman
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
* w mangiel	upril 14 Il 8 D
0000	20. DATE DF DEATH USE IL 19. 4 6 21 8 1
6.(b) Name of husband or wife Lakaus le Thafanac	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date ot years	10 10 19 19
7. Birth date of depeased (mo., day, yr.) Jesus 19 - 1870	and that I last saw h. C. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
45 10 7hrsmin.	
1 Day are local	- Makerdellerites Citi
9. Birthplace (Toyin, county, and stat)	Due to Charles &
10. Usual occupation. Thomas wife	f day of the second sec
11. Industry or business	Due to
12. Name November Wood 13. Birthplace many land	Diher conditions
M 01 4/ - 00	(Incinde pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Unknown	Date of op.
18. Informant Solaude la Chapmen	Antopsy results
Address Bay Ridge Bood Gealfort and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n 10 ce namell	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal. Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory. Leader Plass	Where did injury occur?
Complement and	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	DU / 1
Address and all the second	A wheat
Conil 27 46 1100	M. D. or other
19. (Date rec'd by registrar)	Address Carpatyllit Date signed



2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

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-	-	0	0	-	-
Reg.	Die	ı.	No		a

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ussue Urundel	(For newborn infanta give residence of mother)
City or laws assorbed ma	State Mary County County Usance William
City or town	City or tom OT 17. D. Box 541 Concepto
How long in above place of death?	(If outside city or town-limits, write RURAL and give nearest town)
Hospital Institution, or street address where eath occurred:	Street No. Defence Hoghway
Comapolis Conergency Hospital	(If rural, give LOCATION)
How long to hospital or institution? a sew Vorschutch	2.(a) if veteran, name war
A PINE NAME	3. (b) Social Security Number
alexander a.	Colonell 3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 3
Male White Married	Apr 12 46 3-0"
1 100	20. DATE OF DEATH 1976 at 2 - P. M
6.(b) Name of husband or wife of a Colonell	21. I CERVIFY that death occurred on the date about stated; that tattended deceased from
	19 Mortage yakuwatta
7. Birth date of 7	and thet I lest saw h allies on 13 4 6
7. Birth date of deceased (mo., day, yr.) Fely 15th 1881	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of acada
1.5 1 2 1 min.	CNTUALL MARKETTEN 1. Sec.
9. Birtholace Hovgogod of usua	Due to.
(Toyn county, and atate)	cormany accurate authoris
10. Usuat occupation Dage Change	Buo to.
11. Industry or business 41, SM awal academ amafil:	
Hillousis of business	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
S	(Include pregnancy within a months of death)
14. Malden name	Major findings of operations
∑ 15. Birthplace	Date of op.
16. Informa Lorus J. allen	Autopsy resolts
04.0 G St 211 201 / TBC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3419 U. St. 1. W. Washington	22. VIOLENCE: If death was due to external causes, fitl in the following:
17 Burial Date thereof Ceptel 15 # 1946	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, Salorac, or Homotac.
Cemetery or crematory Turt Of checks	Where did injury occur?
D. 9.1 C 200	Injured al home, farm, industry, public place (where?)
Location	
18. Funeral director John My Jay Cor - Son	Means of Injury Injured at work?
10. FURESCI MISSIONAL PROPERTY OF THE PROPERTY	Lote My lift II released
Address Managen Ma.	23. SIGNATURE MA / May ty M. D. E. Januare
01:015 4111 De Councel	M. D. or other
19. (Date lec'd by registrar) Registrar	Address Principolis Ma Date signed 4 115 146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15M VS A15

APR 16 1946

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03388

E OF DEATH	Rog. Diat. No. 2/	
2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
(For newborn infants give resid	face of mother)	
State Md	County	• • • • • • • • • • • • • • • • • • • •
City or town	andre	>
(if outside city or to	wn limits, write RURAL and give nearest	n)
Street No.	me fresh	-
(If rui	ral, give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security Num	ber
<i>C</i> ,		
MEDIC	AL CERTIFICATION	72
MEDIC	AE CERTIFICATION	P
20. DATE DE DEATH.	L/2-7-93 at	5,
21. I CERTIFY that death occurred on the	date above stated; that attaded deceased f	rom
1/1/2/15-	45 (Mel)	رة <u>ا</u>
All less and the selection of	Mie 1 10-4	-65
and that I last saw here alive on		BUBATIA
mmediate cause of death		DURATIO
1		
chile a	the theles	
Due to Primary Carci	normal of Phreast.	
	One year Cureo.	
Due 10		
1/1/0/100/100	le Corceno	
differ policitions C		
(Include programmy	within 8 months of death)	
Major findings of operations		
	Date of op	

Autopsy results	26".	
Autopsy results	nse to which death should be charged statis	ucany.
PHYSICIAN: Please underline the car		цсану.
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex	iternal causes, fill in the following;	ucany.
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	ternal causes, fill in the following;	ucany.
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex	ternal causes, fill in the following;	
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	ternal causes, fill in the following; Date of	
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	ternal causes, fill in the following; Date of	
PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	Date of (Str. place (where?)	

APR16 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 910

CERTIFICATE OF DEATH

03389

	Nog. Disc No
1. PLACE OF DEATH: A sendel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County P. O. Pasadenal - Lougtonil	State Maryland. County G. a.
City or town(If outside city or town limits, wrete RURAL and give negrest town)	O 1 D I.
How long In above place of death? I years	(If outside city or town, limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Kong Point.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
me. Harry Ceowley.	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
In W. Widawed.	20. DATE OF DEATH. Offil 26 1846, at 830 A.M
6.(b) Name of husband-or wife Vision Relley Wright	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1919
7. Birth date of deceased (mo., day, yr.) /0/19/67	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
78 / /hrsmin.	Connery O elicion Sulberel
21 11 1 200 20 100	
9. Birthplace	Due to
	Andry:
10. Usual occupation.	Due to
11, Industry or business	
12. Name 12. Name 21. S. Q.	Other conditions
\$ 13. Birthplace Washington JCU. S. a.	
14. Maiden name antho small	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
3 (20) 11 11 15	
16. Informan (1) s. T. Popp - (long blee)	Antopsy results
Addreso Long Pyrich . P. O. Passleyed, hus.	
1 Ky 1 2 2 3 195	VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or ramocal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Dalline on	Injured at home, farm, Industry, public place (where?)
18. Funeral director freederick A Cole	Meens of Injury Injured at work?
Address 1900W Tonaband	lengtine & Paulentut.
4-244 /201	23. SIGNATURE Comments of the
(Date rec'd hy registrar)	Address Lew Lewis , Zur Date signed 4/20/2/2

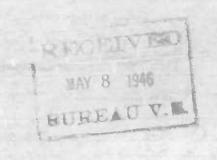
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

U3390 22 Reg. Dist. No. 22

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewtorn of ants give residence of mother)
City or town	State
How long in above place of death	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No Worsey - tauques 18 a'
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Cassol Sylveatice do	3. (b) Social Security Number
4. Sex 5. Color or race 6/a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death oncurred on the date hove stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Paul 2 12 2 2 2 2	and that I last law h Addalive on Open 28 19 4
8. AGE: Years Months Days It less than one day	Immediate Space of death DURATION
A la	
9. Birthplace (Town, county, and state)	Due to Breach- presentation +
1D. Usual occupation.	Due to
11. Industry or business Lands Lebrasa	DUC 10-
12. Name Lucy 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Edulition has alf	Major findings of operations.
15. Birthplace delusing zero.	Date of au
18. Informant Edgs d Schling	Autopsy results
Address alway 2000,30	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlet, cremation, or remotal) Which?) Date thereof. (month) (day) (feet)	22. VIOLENCE: If death was due to external causes, till in the tollowing;
X & March 2	Where did labor occur?
Sementery of Grematory State of the State of	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director	Ministra at which
Address Laurely The	23, SIGNATURE Mankshyley, M.D.
(Jate ree'd by registrar) 19 46 Volcara Hoaslesse Registrar	Address Savage Md. M. D. or other 129/46



A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

CERTIFICATE OF DEATH

03391

_			-
Reg.	Diat.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County a.a.
(If outside city or town limits, write RURAL and give nearest town)	City or town Privilera Beach
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No. Y AM UN STEEL STORY
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jussell IT. Dance	
4. Sex 5. Color or rade 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white Married	20, DATE DF DEATH Office 23 1946 at 7 3 pm
6.(b) Name of husband or wife. Hattie S. Dana	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
~ ~	Mar. 1 1946, 10 Opered 23 1846
7. Birth date of	and that I last saw have alive on left 23 194 6
deceased (mo., day, yr.) 8. AGE: Years Norths Days If less than one day	Immediate cause of death. Range and Black DURATION
7 / 10 7	L. WILL
22011 24 10 0.4	
B. Birthplace (Town, county, and state)	Due to
10, Usual occupation Dalesman	
11. Industry or business Dry Goods	Bue to
# 12 Name Daniel W. Dana	Dither conditions
13. Birthplace M. A.	
14. Maiden name Neleva Raymond	(Include pregnancy within 8 months of death)
14. Malden name Neleria Kaynond 15. Birthplace	Major findings of operations.
15. Birmplace	Date of op
16. Informant	Autopsy results
Address Man ave & All top Good.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remogal, Which?) Date thereof 22-1946 (pronth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loudon Fank	Where did injury occur?
3001 Hiderah (Road.	Injured at home, farm, Industry, public place (where?)
Location Of The Control of the Contr	Means of injury Injured at work?
18. Funeral director	
Address 801 W. Jacette D.	23. SIGNATURE / LOD. 74 Phillips
10 4/25 - 45 Colfeders	M, D. or other
(Date rec'd by registrar) Registrar	Address 1939 Edwards Date signed 4 - 23 - 46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-



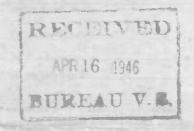
03392

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CERTIFICATE OF DEATH

Aug.				-1
~	Reg.	Dist.	No.	24

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	THE PARTY OF
County State of the State of th	State County	SHOP THE
City or town		***************************************
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give near	arest town)
Mospital, Institution, or street address where death occurred:	Streel No	
	(If rural, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Joseph Mander Lakker		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION	
James 94. Hidowed	20. DATE OF DEATH april 13 19 46	21 79 M
man couled a allow	21. LEERTIFY that death occurred on the date above stated; that I attended dece	
6.(6) Name of husbaod or wife	Jan 1 1946 to april	13 19 46
7. Birth date of	and that I last saw him alive on And 1/2	19 4 6
deceased (mo., day, yr.) Of 8-1806	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	myourdet + myorral	
90 Hmin.	Sharpan	all
Carrie Co	Due to	
9. Birthplace (Town, county, and state)	alentalen	enly
19. Usual occupation	Due to	
11. Industry or business	2	
12. Hame Joseph P Jamder Delphan	Other conditions Bengo Prostati	when
12. Name forest	Nechabraha	
E 19.1.1 1 10.1.	(Include pregnance within 8 months of death)	
14. Maideo oame Collins	Major findings of operations	***************************************
15. Birthplace Anthrow A	Date of op.	
16. Informant Luly Black of	Antopsy results	
Address 2/8 n. Jaylor austinufeli by	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
B. A. A. A. A.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriai, cremation, or removal. Which?) Date thereof (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Karoks Eggentering	Where did injury occur?	(State)
7.	injured at home, farm, industry, public place (where?)	
Location	Means of injury Injured at work?	
18. Funeral director. A Superior Superi	0	
Address	23. SIGNATURE GENER C Bail	
01 . 0 13 41 //	23. SIGHATURE M. D.	or other
(Date rec'd by registrar) Registrar	Address amples Date signed.	4-13-46



Dr Basil Frakling Horplan D. Fremh



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()3393 Reg. Diat. No. //9/

1. PLACE OF DEATH: County Agreement Street County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Internal County Sharange Sharandel
City or town (1f outside city or town limits, write RURAL and give nearest town)	Too - O -
How long in above place of doath?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (1f rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alice May Den	mis! House
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Florole White Wedow	20. DATE OF DEATH. 19.46, at 6:210 P.M.
6.(b) Name of husband or wife Allthyl M.M. Dlasses	21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from
7. Sirth date ot	april 1846 19 april 33 1946
deceased (mo., day, yr.) Max 30, 1865	and that last saw held allow on 4 3 3 4 4 5 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
8/ - 23°hrsmin.	arteriosselesses !
9. Birthplace Issalty Town country and state)	Duo to.
Nath a same	Alasiny .
	Due to
11. Industry or business	
12. Name John Dunget	Other conditions
M 201: 0.12	(Include pregnancy within 8 months of death)
14. Maiden name MANA MANA MANA MANA MANA MANA MANA MAN	Major findings of operations.
21 15. Birthplace	Date of op.
16. informant	Autopsy results
Address Alturale ma	22. VIOLENCE: It death was due to external causes, till in the toilewing;
(Burial, cremation, or removal, Which?) Bate thereot (month) (sky) (fear)	Accident, suicide, or homicide
Comotory or crematory. At all Pharton Cens.	Where did injury occur?
Location Esserial as Mod.	Injured at home, tarm, industry, public place (where?)
18. Funeral director & astron Santa	Means of Injury Injured at work?
Address 608 Frederick Ane Cotorso Me	Surely XParolo Disk-
10 april 25, 1046 John B. Longhan	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed 3 4 4

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MADVI	AND	CTATE	DEPARTMENT	OF	HEALTI
MAKIL	.AND	SIAIL	DEPARIMENT	UF	HEALI

2411 N. Charles St., Baltimore 85

CERTIFICATE OF DEATH

03394

	Reg. Dist. No.
1. PLACE OF DEATH: A True del	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Amuapoles	State Mills County #: A: Co:
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town Parole
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death occurred:	Street No. Manyland
Hunapolis Coulingence, Hospilal	(If rural, give LOCATION)
How long In hospital or institution? The lease then mine with	2.(a) If veteran, name war
3. (a) FULL NAME Sarah Dorse	3. (b) Social Security Number
4. Sep 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
sende negro married	Aby 10 1/1 750
000000000000000000000000000000000000000	20. DATE DF DEATH. 19.46 at 4 7 M
6.(b) Name of husband or wife. Askelled Colored	21. I CERTIFY that death occurred on the date above stated; Making declared from
7. Birth date of deceased (mo., day, yill 422, 20 18-98	ami-inet 1125t sem in a selice on 19.
	Immediate cause of death
o. Adu.	D. A. A. L.
48 2 20min.	received Hemorrhage pudden
9. Birthplaced as ideoniilde A.A. Co. md.	
(Town, county, and state)	Due to Harris De Sea Les Sea
10. Usual occupation Donestic	Wedded 11 of the transfer
Tu, Usual Uccupativiti	Due to
11. Industry or business	,
E 12. Name George & Hellory	Other conditions
12. Name George & Hellory 13. Birthplace A. A. Co. Ind.	
X A: A: D:	(Include pregnancy within 8 months of death)
E 14. Malden name Halle Hawkens	Major findings of operations
14. Malden name Auch Co. In d	Date of op.
16. Informant author B. Horsey	Autopsy results.
Address Paroll me.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?) Date thereof. filth. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Awades Convelle	Where did injury occur? (City or town) (County) (State)
Location blavidsonville me.	Injured at home, farm, industry, public place (where?)
LUCATION .	Meens of Injury Injured at work?
18. Funeral director. A 13 c hust but	mount of injury
Address anapolis and	a the On baffy M.D. netdecal.
00:0 11/ HI- 11 10 Toller	38. SIGNATURE M. D. or other
(Uble rec'd by registrar)	Address Pherepotes My. Date signed

REGISTATED

APR 12 1946

BUREAU V R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-CERTIFICATE OF DEATH

Reg Diet No

	Nog. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County ame Cerundel	Classed Q. a Cone. 60
City or town	O State County fund County
How long in above place of death? Chant 10 Jesus	City or town III outside pity or town limits, write RORAL and give hearest town)
Hospital, institution, or street address where death occurred:	Bush Barral Viol
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ilorge // C	stein
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White offengle	20. DATE OF DEATH / APIL 23 18 46 , at 30 45
6.(b) Name of husband or wife	21. CERTUR that death occurred on the date above stated; that I attended deceased from
	1 2 · 4 6 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of Quality 7, 1872	and that I last saw hand alive on a first 12 2 18 6
R ACE. Years Months Days It less than one day	Inmediate cause of death
8. AGE.	Jan
/2 / 23min.	1 / A / Come
9. Birthpiace (1) altuno o mod.	Due to
(Town, county, and state)	
10. Usuai occupation.	Due to
11, Industry or business	
12. Name The Se M. Eslein 13. Birthplace Belunia Indi	. Dther conditions
13. Birthplace Bellinie Tudi	(Include pregnancy within 3 months of death)
14. Malden name Dorchester Co. Ing	
6 7 1	Major findings of operations.
2 15. Birthplace	Date of op.
16. Interment Mrs. Thereward I present the	Antopsy results
Address ame Rd., Marky PR., Olem Bunis 1.	hoo
17 Regisal Date thereof Rpril 26,1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bariat, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Della Tolland	Where did injury occur? (City or town) (County) (State)
Location Q, a. Co. Mad	Injured at home, farm, Injustry, public place (where?)
10 smill mill 1800 wand From	Means of injury injured at work?
18. Funeral director	South Insta
Address / 400 & Charles 4. 10010.3	25/SIGNATURE/VILLE
19 4/25 86 all sed	My. or other
(Dato rec'd by registrar) Registrar	Applies On A De William Lage signey 7 2 0 4

APR 30 1946
BUREAU V.S.

dirorced

If less than one day

.6.(c) If alive, give age

Days

CERTIFICATE OF DEATH

23. SIGNATURE

natolis

Reg. Dist. No.

M. D. or other

RIT	Location LONG SSLAN	d NEW MORK
	1B. Funeral director North C &	19. m. Walter
AIS	Address / fatt v Otre	
PLE	5/9 ,46	A.W. Hedre
	(Date roe'd by registrar)	Re Re

octvi

_	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State New County County
	City or town
	Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war.
	Galloway 3. (b) Social Security Number
	MEDICAL CERTIFICATION What AM. 29 46 unknown
-	20. DATE DF DEATH WYNY 19. 19. 46 at WARE
	21. I CERTIFY that geath occurred on the date dove stated; the classical deceased from
S	onvayance May 7 1946
-	Immediate cause of death
	Drowning
	Due to.
	Academ
	Due to.
	Other conditions
-	(Include pregnancy within 3 months of death)
	Major findings of operations.
-	Date of op.
	Autopsy results
-	22. VIOLENCE: If death was due to external gauses, fill in the following:
	Accident, suicide, or homicide, accident Date of Afr. 29 194
	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work? Injured at work?
	in the state of th

correct ag

1. PLACE OF DE

male

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

10. Usual occupation 11. Industry or business 12. Name.

13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address

B.(b) Name of husband or wife

Years

(Burial, cremation, or reploya). Which?)

Months

How long in above place of death?

How long in hospital or institution? 3. (a) FULL NAME

Hospital, Institution, or street addless where death

County

every item of information carefully. The UNFADING INK. Supply tant. Physicians: please wr PLAINLY, WITH UNE is especially important.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore &

			1	
Reg.	Dist.	No.		-/

CERTIFICA	TE OF DEATH Reg. Dist. No.
County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: A pewborn infants give residence of mother) State County County County City or town. (If outsidecity or town limits, write RURAL and give nearest town)
Rutland Road	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Maggie Mae	1ary . 3. (b) Social Security Number none
4. Sex 5. Color or tace 6/(a) Single, married, widowed, or divorced with without without	MEDICAL CERTIFICATION 20. DATE DF DEATH MEDICAL CERTIFICATION 35 P. 19 #6 at 8
6.(b) Name of husband or wife Seo. N. Song 6.(c) If allye, give age years 7. Birth date ot	21. I CERTIFY that death occurred on the date above stated; that I extended deceased from
deceased (mo., day, yr.) fully 21, 1013	and that I last saw h
8. AGE: Years Months Days It less than one day	J. J
9. Birthplace near Dange Howard Co. Maryland (Town, county, and state)	Due to Levelval Delivosis- 4 Hears
10. Usual occupation Retered Rouseworfe 11. Industry or business Homes	Due to Arterial hypersumm Sycas
12. Name Alexander Sakers 13. Birthplace Day Davage Howard, Co., Mary Cand	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Clusteth Harling 15. Birthplacter Davage Howard Co. Maryland	Major findings of operations. Date of op.
Address Na widgen selle May Cand	Autopsy results
17Burial Date thereot 4/11/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Camp Meade, A. A. Co., Md.	Injured et home, farm, Industry, public place (where?)
18. Funeral director Balto., Md.	Meens of injury Injured at work?
Address Dates, Ma.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Hunapolio Ma Date eigned 4/9/46

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MARYLAND STATE DEPARTMENT OF HEALTH

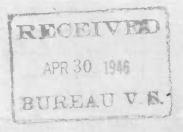
2411 N. Charles St., Baltimore 940

03399

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: (Desull	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County Revell - P.O. assold, med	State maryland County Q. a.
(If outside city or town limits, write RURAL and give nearest town)	Re O. asnold
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No. / Level /
	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war
3. (a) EULL NAME	3. (b) Social Security Number
Inderick Theodore Iselmon	215-14-9563.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mr. W. morried.	20. DATE OF DEATH CASEL 25 1946 at 4.30 P.
Stanie Ban St Fellman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife time (m. Sharinger)	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 5./20/1880	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Ammediate cause of death
56 // 25hrsmin.	Coronery Ochusion &
9. Birthplace Brooklyn. 1. V	Due fo.
(Town, county, end state)	7
10. Usual occupation. Function	Due to.
11. Industry or business	
12. Name ffecker Sullmann 3. Birthdiace Sullmann	Other conditions
14. Maiden name Commo Chdman 15. Birthplace ? Mukuww	(Include pregnancy within 3 months of death)
14. maidell name	Major findings of operations.
	Date of op.
16. Informant 200 s. F. 1. Sellman (wefe)	Autopsy results.
Address Revell - P.O. aswold, With	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
17. Build Date thereof Upril 29, 1946	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Asking M. E. Church Cemeley	Where did injury occur?
Location arused Ia. a. Co The N	Injured at home, farm, industry, public place (where?)
18. Funeral director John M. Paylor & San	Means of injury Injured at work?
no sela	1 + 12 1
Address Wanapalis File	123, SIGNATURE Enstane A factor met.
10 april 29 1046 /1 1) Track	(aring medical, Examente Do or) other
(Date rec'd by registrar)	Address Lew / Lunie net. Date signed 4/23/16



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 97)

03400

Reg. Diat. No. ...

1. PLACE OF DEATH County Grands of the state	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(Teorge S. Gil)	PIN, NONE
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male White Widowed, or divorced White Wears Was Wears Was Was Was White W	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46 19.46 19.46 and that I last saw was alive on 19. Immediate cause of death. Duration Duration Due to Categorians (Inclinde pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant M15. B100K AKEVS Address Gambyills, M& R.F.D. 17. DWYial Date thereof Apy 24, 1946 (Burial, cremation, or removal Which?) Cemetery or crematory I A YEM Localion DGIEN BUNNIE, ML	Autopsy results
18. Funeral director Sums Burnis, md 19. Obil 23 19.46 mbealba (Dasp rec'd by registrar) Registrar	23. SIGNATURE Secular H. Facles Div. M. D. or other Address Slew Burne Bate signed H. 2 2/4.



2411 N. Charlee St., Baltimore

03401

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7_	5		

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County And Addition and County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME July 15. Color or race 6.(a) Single, married, widowed, or divorced	train 3. (b) Social Security Number
Female White married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Opril 26 1846 at 5:03 A
6.(b) Name of husband or wite. Scalest M. 5.(c) It alive, give age & J. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46. and that I last saw harmalive on 24.
deceased (mo., day, yr.)	Immediate cause of death Ouration 3 no.
9. Birthpiace Maryland (Town, county, and state)	Oue to
10. Usual occupation	Due to
12. Name Alaxid Johnson 13. Birthplace Med	Other conditions
14. Malden name Virginia Stockgles 15. Birthplace Md	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Max Daxiel Ford	Antopsy results
Address Joseph Course (I. C., Md 17. (Burlal, cremation, or removal Which?) Cemetery or crematory Calan July Course (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Location Annagsship Buttle : 18. Funerat director Follow Filming Suc	Injured et home, tarm, industry, public place (where?) Meens of injured at work?
19. 4/19 19. 46 Quellede. Registrar Registrar	Address 2532 Edwardson 92 Date signed 4-28-46.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

(H) MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes
VS A15 9.45-15M	PLEASE WRITE PLAINLY, is especially

CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants five residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How fong In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME naky C,	3. (b) Social Security Number
Hem. Colhed Charles Andreed	MEDICAL CERTIFICATION 2D. DATE OF DEATH 19.46, 21.2, 40
6.(b) Name of hueband or wife. Wan 6 Solution 6.(c) If alive, give age. 7. 4 years	21 CENTIFY that death occurred on the date above stated; that I attended deceared from
7. Birth date of SAK RA 18-00	and that I last eaw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one daymin.	Obsole Coples
9. Birthplace St Mayhelta A. A. Co.	Due to. De fellens
10. Usual occupation	Due to
	Au Salu
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Malden name wary to de lesser odd	Major fiadings of operations
16. Informan Maderial Miller	Autopsy results.
11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Andrea Mo	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereol	Accident, suicide, or homicide
Cemetery or crematory Distriction of the Company of	Where did Injury occur?
Location	Meane of Injury Injured at work?
18. Funeral director	A P P O LAN
19 Opril 16 19 46	23. SIGNATURE M. D. or other
(Dat rec'd by registrar) Registrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /81

CERTIFICATE OF DEATH

17	03404
1	Reg. Dist. No. 2/

I. PLACE OF DEA	Anne A	rundel	Co.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County		************		state Maryland coun		1
City or town(If ou	atside city or town li	mits, write	RURAL and give nearest town)			
How long in above place (City or town Annapolis Md.	write RIPAL and give near	work form
Hospital, Institution, or	street address where	death occurre	d:	0/ 03 - 01 1		
Emergency	Hospt. Ar	mapol	is Md.	Street No		***************************************
			3/10/46		(11): 	****
3. (a) FULL NAME					1 2 (1) C . 1 C	7 9
		Winami.	-1 - 0		3. (b) Social Security N	lumber
4. Ser 1	5. Color or race		nia Green			
		0.(a)3mg	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	Col.	1	Single	20. DATE OF DEATH April 3	19.46	3:55 A.W
8.(b) Name of husband o	r wife.	***	***********	21. I CERTIFY that death occurred on the date abov	e stated; that Lattended decear	sed from
				mars 30 19	4 Cato Celos	3 1046
7. Birth dete of			c) If alive, give ageyear	and that I last saw h ea alive on	/ h h h	10 46
deceased (mo., day, yr.) January	11,	1926	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day			BURATION
26	2	3	hrs min			
B. Birthplace Balt	timore Cit	v Md.		Bus to	,**************************************	
	(Town,	county, and	otate)	Durns	,	1 ma
10. Usual occupation	Maid wo	rk	***************************************			
1t. Industry or business	None			Due to		******************
	Scott Gree	n		614	***************************************	***************************************
	Virginia	b b • • • • • • • • • • • • • • • • • • •		Other conditions	***************************************	***************************************
				(Include pregnancy within 3 me	onths of death)	
里 14. Malden name				Major findings of operations.		
14. Malden name	Washington	n D. C				
	Clay St.			PHYSICIAN: Please underline the cause to which	ch death should be charged at	tatistically.
Th	**		1 /2 /1 /	22. VIOLENCE: If death was due to external cause		
(Burial, cremation, o	or removal, Which?)		eot 4///40 (month) (day) (year)	Accident, suicide, or homicide	Date of!!	M 10 194
			etery	Where did injury occur?(City or town)	(County)	(State)
Location West	St. Extd.	Anna	polis Md.	Injured at home, tarm, industry, public place whe	re?) Ham	
18. Funeral directorM	rs Charles	E. H	icks	Means of Injury Wess Cour	Almured at with?	<u>e</u>
Address 45 No:	rthwest St	Ann	apolie Md.	a a a	00. Xm	MD
19. Obril (Date rec'd by region	5 .46	iv	O, O Mice istra	Address Charles	M. D. or Bate signed	4-V1 NN
		111			The state of the s	

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BURELL TO BE SHOWN THE STATE OF	The second of the second of the second	The state of the s
AREA STATE AND AREA S		
RECEDENCE OF THE PROPERTY OF T		
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ARDURE & 1346		
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 143-10

CERTIFICATE OF DEATH

0340523 Reg. Dist. No. 23

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
County	
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
How long in above place of death?	(If outside city or townshimits, write total and give hearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
levey Me faire	Triffin 242-20-4408
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Mayried	20. DATE DE DEATH APY 1946 21.2:15 A.M
8.(6) Name of husband or wife & Dorothy B.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Bullick 6.6 tt alive, give age 29 years	
7. Birth dale of	and that I last saw h
deceased (mo., day, yr.) UCTOBEY 25, 1910	Immediate cause of death
8. AGE: Years Months Days If less than one day	arphy na due to.
35 5 1hrsmin.	illementing Aus. Sudden
Morth Carolina	Due to (suit vide)
(Town, county, and state)	010 10
10. Usual occupation Electric Welder	
Marila Daldock Ca	Due to
TI: Made it of business	
12. Name Richard Taswell Griffin 13. Birthplace Edge 6 mbe Co. N. C.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Lucy Barnsill 15. Birthplace Hallifay Co. N. C.	
15 Richniage Hallifax Co. N. C.	Major fiadings of operations.
	Date of op.
18. Interment James Randolph Griffly	Autopsy results
Address ROCKEY MOUNT, N.C. R.FD 3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
and and and	22. VIOLENCE: It death was due to externat causes, till in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide Suicell Bate of 4/2 2/16.
Cemelery or crematory	Where did injury occur? (Starely M. (County) (State)
ROCK V MOUNT, N.C.	2./
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Tomas W. Aughton	Means of injury tnjured et work?
Lea / Adult Sold	le to Xt la Duch.
Address Sell James Ma	23. SIDNATURE M.D. or other
19, Obal 33 19.44 Mocalba (Date rec'd by registrar) Registrar	Address slew Busne Date signed 4/22/46

BUREAU V.

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE DE DEATH: are arealed lo.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Castingst	State Margland County U.a.Co.
(If outside city or town limits, write RURAL and give nearest town)	City or town Casesart
w long in above place of death?	City or town
al, Institution, or street address where death occurred	Street No. 410 Severe are
410 severa are.	(If rural, give LOCATION)
long in hospital or institution?	2.(a) If veteran, namo war
(a) FULL NAME	3. (b) Social Security Number
, Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fencele Whete Widowed	20. DATE OF DEATH. april 29 19. 46, 21 8 19
Ferdinand Sice	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	1942 19 10 Cpx: 29 1946
Birth date of CLA CC Wallye, give age ye	and that I last saw h.C. & alive on
deceased (mo., day, yr.)	Immediate cause of death
GE: Years Months Days If tess than one day	
80 0 11hrs	nin. By krenent (Celuseed)
Distriger annapolis, a.a.Co. Ms.	
Birthplace	Dusto (Le le contracte de la
The same of the sa	C. Neural Control
Usual occupation	Due to
Industry or business	
12. Hame Gatly S. Brewer	Other conditions
13. Birthpiace G. Q. Co. Ml.	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace unknamm	Date of op.
Informant Mrs. C. a. Dani	Autopsy results.
0, 9, 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Earlyset - Mil.	22. VIOLENCE: If death was due to external causes, fill in the following;
Bureal Date thereof May 19 19	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?)	
Cemetery or crematory. Celar Gluff Cemet	Where did injury occur?
ocation anapoli Med.	1 Injured at home, farm, Industry, public place (where?)
61 Ma Gard \811	Mesns of injury Injured at work?
restable to the second of the	
PUROFAL DIRECTOR.	
Address 49 Slower & Annage	ein of fift
16 Ola FH 6	23. SIGNATURE M. D. or other

Address CA

The correct age





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9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly-

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 Charles St., Baltimore 13-1-

CERTIFICATE OF DEATH

03402

Reg. Diat. No.

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Come assemble	(For newborn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Masy Church County County
How long in above place of death?	City or town
Row long in above place of death?	Varieland Park.
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Philipp Scabowskil	ala Iseavels). 3.(b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. manned.	20. DATE OF DEATH afeel 23 19.46 , at 11.45, M
6.(b) Name of husband or wife Lasephune Lis EICKI.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 4years	
7. Birth date of deceased (mo., day, yr.) Sense 12 -1885	and that I last saw h alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
6/ 10 10min.	Caronary O celession Study
Poland.	Bush
9. Birinplace (Town, county, and state)	Prelimonery Tuberculory
10. Usual occupation securities - Laborer.	Out to
11. Industry or business	Oue to
	All as a salitana
12. Name William Asobowike 13. Birthplace Poland.	Other conditions
	(Include pregnuncy within 3 months of deuth)
14. Maiden name. Poloud.	Major findings of operations.
Japa P. Grabywhill will	
16. Informant	Autopsy results
Address Luckeeen beight, ald.	
1 Burist Quie thereof 4/27/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Application, suicide, or homicide
Cemetery or crematory Devil Harry Mary	Where did injury occur?
Location Dattanaia	Injured at home, farm, Industry, public place (where?)
18. Funeral director tred w Osazamości	Means of injury Injured at work?
Address 1930 Levand O are	Suctor Ataulentrus.
19 4/26 1946 AW Heduck	23. SIGNATURE (Lessing Williams Crown D. or other

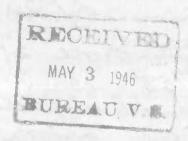
VS A15

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For numbers infants give residence of mother)
City or town (If outside city of town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. O (If rarel, give LOCATION)
How long in hospital or instilution?	2.(α) If veteran, name war
3.(a) FULL NAME George St	3. (b) Social Security Number
1. Ssx 5. Color or race 6. (Allagle, married, widowed, or divorced) Male Colored Character and Character and Colored	MEDICAL CERTIFICATION 20. DATE OF DEATH 7 2 9 19 46 21 5 30
8.(b) Name of husband or wife Bolina Gross.	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 11. 12. 12. 13. 14. 15. 16. Efail 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
7. Birth date of deceased (mo., day 17 mml 2/ 1890	and that I last saw h
8. AGE: Years Months Days If less than one day	" Cento Julearlas Broncho-Prenning 1 - hor
9. Birthplace Shadward and county, and states	Due to
1D. Usual occupation	Due to
E 12. Hame William Gross	Diher conditions
	(Include prignancy within 3 months of death)
14. Maiden name Derena (unknown) 15. Birihplace A. A.	Major findings of operations
16. Informan Edma Druss	Autopsy results
Address 601 2 nd st	22. VIOLENCE: If death was due to extendal causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereoft (porth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of the Turke	Where did injury occur?
Location hadysing, Snot.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Meens of Injury Injured at work?
Address Currico Cata	20 SIGNATURE KIT, Kiels an Em
19. May 2 19. 46 Datefree'd by begistrar)	didres and of E, and Date signed 5 1, 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



4 9 9

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03408

Reg. Diat. No. 26

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	2.(5) Il fotorall, lialle wal
3. (a) FULL NAME Welliam 4. Sex Nelle Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH.
8.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Birthplace (Town, county, and state) 11. Industry or business 12. Name A. Co.	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 21. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 22. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 22. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 22. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 23. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 24. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 25. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 26. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 27. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 28. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 29. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 29. I CERTIFY that death occurred on the date above stated; Wat disaded soccondary 29. I CERTIFY that death occurred on the date above stated o
14. Malden name Sarah Blunt 15. Birthplace md. 16. Informant William Blunt Address Churchten md.	Major findings of operations
17	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
19. (Date/rec'd by registrar) Registrar	Address Pumatolis Add Date signed 413/46

AFR 9 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-2

CERTIFICATE OF DEATH

03409
Reg. Diat. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For dewborn infants give residence of mother)
County	Share St. A.
City or town	State County County
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City or town
How long in above place of death?	Clearly of town have, write RORAL and give nedest town
(Rech 111) Clark so	(If rural, give LOCADON)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry Ha	the Hare
4. Sex 5. Com or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male all the sea	Black 21 116
Tome Cocha imment	2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTLY that death occurred on the date about alled; the blade alled
	as mortue oxamustidas
7. Birth dato of	and that I last our h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	O A A
about 39 4 6min.	Cormany occlusion endder
Douth Cuhalina	Do- In
9. Birthplace (Town, county, and Late)	Due to
10. Usual occupation.	Morary schools When
(V. h (Heale . K	Due to
11. Industry or business and Claurium	
12. Name Dock Fore	Dither conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Hacinda July	
	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant Hassis Levan	Autopsy results.
Address 17 Blackwood st. Boston has	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 die 1 2 and 0 19111	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Date thereof Conth) (day) (year)	Accident, suicide, or homicide
Toute The Cometale	Where dld injury occur?
Cometery or crematory	
Location Octated of Console	Injured at home, farm, injustry, public place (where?)
18. Funeral director F. B. Johnson	Meens of Injury Injured at work? Office
1 / Am - Lat. Oland	M. 4h (Soft M) morecal
Address Address Address	23. SIGHATURE DAY II. R. EXAMENE
10 May 6 1946/1 100 100	M. D. or other
(Date rec'dle registrar)	Address Date signed 3/ 7/30



CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Anne Asunder	Jan O Gene Many
City or town Brooklyn Wark (26)	State County
(If outside city of town limits, write RURAL and give nearest town)	City or town (1) sooblyn (25)
How long in above place of dealin? Lyears - 8 2nos	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 106 - 1th twent
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Moery A. Ja	Baslup 3. (b) Social Security Number
4. Sex S. Color or race 6.(a Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Sea I Mits Midwood	Pa-0 11 11/1/1
Tuemore Ir was I provided	20. DATE OF DEATH
6.(b) Name of husband or wife I ranklong Caslup	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 11 11 24 to Dais 2419
7. Birth date of	and that t last saw h. exalive on the 23 19.
deceased (mo., day, yr.) January 21, 1858	Immediate cause of death
8. AGE: Year Months Days If less than one day	(lenter) July bon
78 2 27hrs	In. De Plan 1 1
0 0 0 0 0 0	
9. Birthplace (B) al Minor (5) / 109	Due to
(Town, county, and state)	Challenstorte 1
10. Usual occupation for the state of the st	of but
11. Industry or business	The state of the s
12. Name martin rogers 13. Birthplace Selond	Other conditions
≥ 13. Birthplace Dselong	(Include pregnancy within 3 months of death)
14. Maiden name Juna Mchullogh	(include pregnancy within a months of death)
	Major findings of operations
E 15. Birthplace / reland	Date of op.
16. Informant Mrs. Mary M. Frances (Haugh	Autopsy results
	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address 106-7 Have, Brooklyn PA. 125) a. 4	22. VIOLENCE: If death was due to external eauses, fill in the following;
17 Prusial Date thereof april 27,19	/ VX
(Borid, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rew Cathedral	Where did injury occur?
Q 14 m.d	
· · · · · · · · · · · · · · · · · · ·	t t d -t t t I-dusing sublic sizes (where 2)
Location Discourse Location Disc	injured at home, farm, Industry, public place (where?)
a. He was delicano	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director & Boward Evans	
all the word to and	Means of Injury Injured at work? Result Casulots
18. Funeral director file award Evans	

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The correct age

9-45-15 M VS A15

CERTIFICATE OF DEATH

2411	N.	Charles	St.,	Baltimore	87-2
					W 0 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Charge County	State Mary land Count from arude
City or town	Charle med
How long in above place of death?	(If outside company inits, write RURAL and give nearest town)
Hospital, Justitution, or street address where death occurred	Street No. 127 SH-Getskel
Comergency Hogy	(lf rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Seling Curry H	Cland 3. (b) Social Security Number
Delina Civing 1.	ocasica_
4. Set 5. Color or race 6.(a) Single parried, widowed, or divorced	MEDICAL CERTIFICATION
+ W Single	20, DATE DE DEATH CAST 21 1946 at M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	apr 1 1946 10 Capr 21 11 50
7. Birth date of 15 (5 17)	and that last saw h. EA alive on an 30 19 46
deceased (mo., day, yr.)	Immediate cause of depth
8. AGE: Years Months Bays If less than one day	multiple sclerous 2 yrs
28 3 6hrs. min.	
9. Birtholace Campbolis Md.	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or burness	
12. Name Lances C. Holland 13. Birtyfilas Conscapalis myd.	Other conditions
3. 13. Birthhad Chromopple nyd.	(Include pregnancy within 3 months of death)
14. Malden name Selins Curry 15. Birthplace Cymabols Md	
15. Birthplace Compabels md	Major findings of operations
gre to Halon of	Autopsy results
16. Informant All And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 12 1 Market St. Careffee 17.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burisl, cremation, or removal. Which?) (Burisl, cremation, or removal. Which?)	Accident, suicide, or homicide
Cada Solute	Where did injury occur? (City or town) (County) (State)
Cometery or crematory	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Thus 114 Oay Co. Sur.	Means of Injury Injured at work?
Address Commande 244.	1 (9 De in MD
00-1023 4/	23. SIGNATURE. M. D. or other
19. (Data rec'd by registrar)	Address Borsavels anythin Bate signed 4-31-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

APR 24 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (103)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Usuall	(For newborn infants give residence of mother)
0 1 -8 1	State Treasyland, county a. a.
(If outside city or town limits, write RURAL and give nearest town)	
(If odeside city of town minus, write KORAL and give nearest town)	City or town P. O. Leves w
How long in above place of death? 3 years.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death accurred:	Elmeurs station.
Elmherst Station.	Street No
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
	3. (b) Social Security Number
mrs. Sarah R. Halley.	237-32-4281
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. 2n.	10
	2D. OATE OF DEATH A 1946, at 5. 4. M
6.(6) Name of husband or wife Tun Maurice Halley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0/2/4 2/10 2/10 2/10 2/10 2/10 2/10 2/10 2/10	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 3/25/92	
8. AGE: Years Months Days If less than one day	Immediate cause of death
	Heart wine
5-3 10 23hrsmin.	Circulatory diseased Juddey.
Lunga ten - S. C.	
9. Birthplace (Town, county, and gtate)	Due to
2.1.	
10. Usual occupation.	Due to.
11. Industry or business OWN Ifom e	DUC 10.
12. Name James B. Richardson 13. Birthplace Clatendon Con S. C.	
	Other conditions
E 13. Birthplace CIATENAON CO. J. C.	
El marin Sherren	(Include pregnancy within 3 months of death)
# 14. Maiden name	Major findings of operations
14. Maiden name mary spencer 15. Birthplace le onnection.	
2 2	Date of op
16. Informant Mrs. Maurice Kalley	Autopsy results.
Address Elmfuss Stations	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audicos	
17 Ship To Date thereof Apr 19.1946	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Sh. P To Date thereof April 1946 (Burlal, eremation, or removal, Which?)	Accident, suicide, or homicide
(Label and) (Label and) (Label and) (Label and)	
Cemetery or crematory	Where did injury occur?
(harlotte N. O	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director homas W. Durgaton	Means of Injury Injured at work?
Address Glen Burnie md.	1. F. VP 1. Sul.
	23. SIGNATURE
19 Upul 19 1946 Malealla	arting muderal Examen M. D. or other
(Date rec'd by registrar) Registrar	Address Slew Busne Mid Date signed 4/18/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

AFR 22 1946 BUREAU V.S. 1. PLACE OF DEATH:

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



03413

CERTIFICA

Registrar Address....

TE OF DEATH	Reg. Diat. No.
City or town (If outside city or town lim	of DECEASED: of mother) gunty s, write RURAL and give nesrest town) ve LOCATION)
	3. (b) Social Security Number

City or town
How long in above place of death?
How long In hospital or Institution?
3. (a) FULL NAME
Caroline jager
Lewsle White Married Warred
6.(b) Name of husband or wife Louis C.
7. Birth date of
deceased (mo., day, yr.) Sully 4- 1875
8. AGE: Years Months Days If less than one day
70 9 23hrshrs.
9. Birthplace Daltuwe Md. (Town, county, and state)
10. Usual occupation. Amalinife
11. Industry or business
12. Name John Helly Mad.
\$ 13. Birthplace / Galtunge Md.
14. Maiden name Margaret Schafer 15. Birthplace Maltural Mel.
15. Birthplace Jalluge MC
18. Informant Jours C. Juger
Address 1 = 6 2 Clobe
17(Burial, cremation, or removal, Which?) Date thereof
Cemetery or crematory Aduly Cubb fl. C. C.
Location Q Q CS MAG
18. Funeral director flynus + flagurer
Address 14 16 heght st

2.(a) If veteran, name war	
	3. (b) Social Security Number
	ERTIFICATION // 215
	7- 1946 21 715
1 CESTIFY the death occurred on the date at	
	6. J. april 27 19
nd that I last saw halive on	
mediate cause of death and Sur	wheren
way was	Miceella
ue ta	

ue to	4
ther conditions Office Sul	and the second
ther conditions	
(Include pregnuncy within 3	months of death)
ajor findings of operations	
	Date of op.
utopsy results	······································
HYSICIAN: Please underline the cause to w	hich death should be charged statistically.
2. VIOLENCE: If death was due to external ca	uses, fill in the following;
ceident, suicide, or homicide	
here did injury occur?	
here did injury occur?(City or town)	
njured at home, farm, Industry, public place (v	here?)
	Injured at work?

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 937

03414

1. PLACE OF DEATH: County Anne Arundel County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Anne A	rundel	County	••••••	Margland	
City or town	nsville	mits write R	and URAL and give nearest town) 5, 13 days	State	
How long in shove place of de	maih?	months	, 13 days	City or town Baltimore (If outside city or town limits, write RURAL and give	ze nearest town)
Hospital, instliution, or street	et address where	death occurred	•	Sireet No. 1432 Presstman Street	o hearest (gwil)
Hospital, instliution, or street Crownsv	ille St	ate hos	pital	Street No. (If rural, give LOCATION)	
Now long in hospital or Inst	ituilon?7.	months	, 13 days	2.(a) If veteran, name war	0
3. (a) FULL NAME			7 7 0	3. (b) Social Secu	
	JONES -	MARY		3. (0) Social Section 5.	
	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	black	wi	.dow	Anni 7 22	6 0.70 1
		1		20. DATE OF DEATH April 23 19.	
6.(b) Hame of husband or wi		_	the season.	21. I CERTIFY that death occurred on the date above stated; that I attended September 10 19 45 46 April	deceased from 23 19 46
7 Dieth date of			e) If alive, give ageyears	and that I last saw h. er alive on April 23	
deceased (mo., day, yr.)				Immediate cause of death	
8. AGE: Years	Months	Days	If less than one day	Pleurisys	10 2000
52	unki	iown	hrsmin.	Hypertension	Known to
	Virgin	ia		Busto Chronic Myocarditis	us since
9. Birthpiace	(Town	county and a	tate)	Due 10.	9/10/45
1D. Usual occupation	Housewo:	rk			
11. Industry or business		-		Due to	***************************************
	shington	Smith		Diher conditions Senile Psychosis	Known to
12. Maine	rginia			Dither conditions	us since
				(Include pregnancy within 3 months of death)	9/10/15
E 14. Maiden name. Ju	Lia Lee			Major findings of operations.	// ±0/4/
14. Maiden name Ju 15. Birthpiace Vi	rginia			Date of op.	
Ho	spital I	Records			
10, Injuliani	/Т		***************************************	Autopsy results PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.
	ownsvil			22. VIOLENCE: If death was due to external causes, fill in the following;	
Buried		Date there	(month) (day) (year)	With Miles State gains delta gains delta	
(Burial, cremation, or n	Mt. Au	humn	(month) (day) (year)		
Cemetery or crematory	18: O • 71:O	CULII		Where did Injury occur?	(State)
Location Baltimore City				Injured at home, farm, Industry, public place (where?)	
18. Funeral director George G. Kelson				Meens of Injury Jured at Jork?	
				CAS. ABAI	1 L
Address 1000 PI	essuman	Street	t, Baltimore, Md.	23. SIGHATURE PER VIOLENCE	-revs
10 4-2.5	1006	(Left ling	M	, D, or other
(Date rec'd by registre	ar)		Registrar	Address Crownsville Maryland Date sig	ned 1./23/16

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9.	112/15	
September 1	10 STEP 11	
1	Reg. Diat. No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Charles Charles M.	State Maryland CountyAnne Arundel Co.		
City or town	City or town Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 57. Years. Hospital, institution, or street address where death occurred:			
ied in basement of Annapolis High School	Street No. Smithville, outside Annapolis Md. (If roral, give LOCATION)		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME /)	3. (b) Social Security Number		
Jones - William	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M. Col. Single	20. DATE OF DEATH. 4 - ZZ 19 46 at 8 A M.		
8.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h has silve for morteur 4-z 2 18. Lb.		
7. Birth date of deceased (mo., day, yr.) December 22, 1888			
8. AGE: Years Months Days If less than one day	Immediate cause of death Jailuse Duration **Audition** *		
57 3hrsmis.			
9. Birthplace Annapolis Md. A. A. Co. Md. (Town, county, and state)	main prof. Cosman thimpasis		
1D. Usual occupation janitor	Due to		
11. Industry or business None			
12. Name William Jones Sr.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Unknown 15. Birthplace A. A. Co. Md.			
15. Birthplace A. A. Co. Md.	Major findings of operations.		
16, Informant Abraham Wallace	Date of op.		
	Autopsy results		
Address Smithville, Annapolis Md.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Bate thereof 4/25/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Brew Hill Cemetery	Where did injury occur?		
Location est St. extd Annapolis Md.	Injured at home, farm, industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Mrs. Charles E. Hicks	20 1 1		
Address 45 Northwest St Anapolis Md.	23 SIGNATURE E Realody Trevett MD.		
10 april 25 10 46 /	acting coroner M. D. or other		
(Date rec'd hy registrar)	Address 172 green 5th. Date signed 4-2246		

DESCRIPTION OF THE PROPERTY OF

CONTRACTOR OF THE PARTY OF THE

Europe State Company

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APR 27 1946
BUREAU V

2411 N. Charles St., Baltimore 1570

03416

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8. AGE: Years Months Days It less than one day 9. Birthplace.	CERTIFICAT	E OF DEATH Reg. Diat. No
3. (d) FULL NAME 4. Sex 5. Color of race 6. (a) Single, defried, without of divorced Female 6. (a) Single, defried, without of divorced Female 7. Eith date of the ceased (me, day, yr.) 8. AGE: Years Months 8. AGE: Years Months 9. Birthplace 9. Birthplace 9. Birthplace 10. Usual coupsilon 10. Usual coupsilon 11. Industry or business 12. Item name 13. Birthplace 9. Birthplace 9. Birthplace 9. Birthplace 14. Majden name 15. Birthplace 16. Informant Major findings of operations. 16. Informant Address 9. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Autopay results. PHYSICIAN: Please underline the canse to which death about be charged statistically. Where did injury occur? (City or town) Injured at work?	County City or town. (If outside city or town limits, white RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred:	State County County County County Clip or town (If outside city or town imits, write RURAB and give newfest town) Street No. 19 Manso
4. Set S. Color of race S. (a) Singlie, righted, widowed, or divorced Feerfall S. (a) Singlie, righted, widowed, or divorced S. (b) Name of husband or wife S. (c) It alive, give age set of ceased (ma. day, yr.) 8. AGE: Tear Months Days It less than one day It		2.(a) If yeteran, name war
## Address	Mary Joan Kee	ies
7. Birth date of deceased (ma. day, yr.) 7. Birth date of deceased (ma. day, yr.) 8. AGE: Fears Months 9. Birthplace 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Moders 18. Autopsy results 19. Autopsy results 19. Autopsy results 19. Autopsy results 10. Brane of memoral, Which? 10. Brane of memoral, Which? 10. Brane of memoral, Which? 10. Brane of memoral occupation 10. Brane of memoral occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Moders 18. Fineral director 18. Funeral director 19. F	Female white Single	20. DATE OF DEATH PRIL 23 1946 21 230 P.
S. Birthplace Due to Due	7. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	and that I last saw he alive on 13 3 19 4 10 11 11 11 11 11 11 11 11 11 11 11 11
12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address 17. Cemetery or crematory. Cemetery or crematory. Address Address 18. Funeral director. Address Due to conditions. Other conditions. (Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Date of op. Date of op. Autopsy results. PHYSICIAN: Please underline the canse to which death should be charged statistically. Accident, suicide, or homicide. Date of country. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	S. Birthplace	Due to Sprifested miningssele "Tyge
14. Maiden name (Include pregnancy within 3 months of death) Major findings of operations Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?	11. Industry or business 12. Name Language L. Junes	Other conditions
Address 19 Mario Coal. PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Bate of	# IT TALL IN COLUMN	Major fludings of operations
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Location. Address. Accident, suicide, or homicide		PHYSICIAN: Please underline the canse to which death should be charged statistically.
Location Baltimore Mc. Injured at home, farm, industry, public place (where?) 18. Funeral director Fleque & Fleque & Fleque Address Address 4476 Piglit St.	(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Address 1476 Pight At. Surling & Paules And	Batting Mill.	Injured at home, farm, industry, public place (where?)
23. SIGNATURE	wind hill 1x x	23. SIGNATURE Surline X Faulendry
19. 4/24 19 46 A.W. Hodrich Address Slew Berenie Well Bate signed 4/23/	19. 4/24 19 46 A.W. Hodrick Date fee'd by registrar 19. 46 A.W. Hodrick Registrar	Islen Berenie and M. D. or other 4/20/46

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ba)

CERTIFICATE OF DEATH

03417

n n. n 23

	Neg. Dist. No. minimum.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A . A .	(For newborn infants give residence of mother)
	State County & G
(If outside city or town limits, write RUKAL and give nearest town)	2 · Talicana 20
How long in above place of death?	(M outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 303 5 Takiet 7036
303 E Will Cop Fd.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Colo-to Diane Klas	in charles
4. Sex 5. Color or race 6.(a) Single, married, Allowed, or divorced	MEDICAL CERTIFICATION
7 w wie -	
Temace W Wedow	20. DATE OF DEATH CP 19 1946 at 7:30 Pm
8.(b) Name of husband or wife League A. Thingel hotel	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
0.(0) Name of Ruseand or Wile	april 19 1846, 10 april 19 1846
7. Birth date of years	and that I last saw h alive on 19 19
deceased (mo., day, yr.) May 5- 1862	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 · 11 /5hrsmin.	
9. Birthplace	Bue to
IV. Salai veetyalivi.	Due to
11. Industry or business Selved Teacher	1
12. Name Wind Starter Ding 3	Other conditions to Les Lawal Doct mulling 36 kg.
13. Birthplace	Pa la
	(Include pregnancy within 8 months of death)
14. Maiden name Cathorine Cathorine 11. Birthplace	Major findings of operations
El 15. Birthplace	
18. Informant & J- Frankless deggs fr	Autopsy results.
The miles of the	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3030 & Hellty Old	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removat, Which)) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / aylong charge con-	Where did injury occur?
Location Bulk Min.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lead Advantage of The Company	Means of injury Injured at work?
730521111110	
Address 5305 Sfarford Rd.	22 CIGNATINES Chan & Sace & mo
19. 4-28 19. 46 auskaugh	M. D. or other
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	www. hearth comment of 19-46

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	-		CERTI	FICAT	E OF DEATH	Reg. Diat. No	21
1. PLACE OF DEATH: County. Anne Arundel City or town. Annapolis. Maryland City or town. Annapolis. Maryland How long in above place of death? 6 months 19 days. Hospital, institution, or street address where death occurred: U.S.S. REINA MERCEDES How long in hospital or institution?					City or town Plymouth (If outside city or town lin	County Orange nits, write RURAL and give 1	nearest town)
3. (a) FULL NAM	in (n) LE	ANORD				3. (b) Social Securit Unknown	ty Number
4. Sex Male	5. Color or race Negro	6.(a)Single, ma	rried, widowed, or divoi ngle	rced	20. DATE OF DEATH AMERICA		
8.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date One of the control	1945 Aprel me	BE/2 10 19 4 S		
7/31/26 8. AGE: Years Months Days If less than one day 19 08 20 hrs. min. 9. Birthplace Plymouth, Orange, Florida (Town, county, and state) 10. Usual occupation. 11. Industry or business U.S. Navy 12. Name Richard White (L. P.) ite				da Clas	Other conditions		DURATION
14. Maiden nam 15. Birthplace 16. Informant	Nine Tillie	an Leanor Florida [NA MER(Maryla:	CEDES	05/./.	Major findings of operations Autopsy result PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external	wiellysel Daje of op Justill for which death should be thank	red statistically.
17	Orland	Date thereof	(month) (day)	(velat)	Accident, suicide, or homicide	(County)	(State) (State) D. or other

W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 27, 1946
BUREAU V. S.

VS A15

The correct age

MR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03410

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			CERTI	FICATI	E OF D	EATH		Reg. Diat.	Nod.	.1
1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State				*******	
						Oelwein				
How long in above place of death?					Street No2	36 Sevent	h AVe. f rurai, give LO	S. R.		
3. (a) FULL NAME				3				3. (b) Social S	ecurity N	umber
	BABY GIR	L "LES	HEY" Lo	uise			65.05 Sept			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Infant				rced :	MEDICAL CERTIFICATION 20. DATE OF DEATH				17.425. pl	
Father 6. (b) Name of hospital of the Patrick Leebey 6. (c) It alive, give age			4yeers	21. I CERTIFY the	at death occurred or	the date above	stated; that I atte	nded decease	ed from1946	
deceased (mo., day, yr. 8. AGE: Years	April 1	9, 194 Days	If less than one day	0.5 mln.		of deathP.				DURATION
8. Birthplace					Due to					***************************************
13. Birthplace	Dorothy I	Lowa rene	Foltus		Major findings	(Include pregnan	cy within 3 mor			
16. Informant		HOSPIT	AL		Autonsy results.	lease underline the	222200000000000000000000000000000000000		************	
Address Annapolis, Md. 17 Across Bate thereof field 20/46 (Burial, cremation, or removal, Which) Cemetery or crematory Manual Location Across Control Contr				22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide						
				Injured at home,	occur?(Ci		e?)			
18. Funeral director	3.4.2	1			Means of Injury A. SIGNATURE.	ZR	· ~	Injured et v	M. D. or	other
19 (Jute rec'd by registrar)			Registrar	AddressU.S	.NavalH	ospital	0at	e signed	419/46	

Registrar Adress U.S. Naval Hospital
Annapolis, Md.

FIRM BO SO THE STATE OF THE SAME

APR 23 1946
BUREAU V A

M. D. or other

APR 23 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH

MI	134	21		2 100
Bear .	Reg. 1	Diat. N	io	#-/

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECE (For newborn Infants give residence of mother)	ASED:			
	rundel							
City or town.An.na	polis. Man	rland mits, write F	RURAL and give nearest town)	State Maryland County Anne Arundel City or town Rive (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?LOhmurs								
				Street No. Sylvan Sheres (Ifrural, give LOCAT)	ION)			
		•		2.(a) If veteran, name war Warld War One.				
		HTS						
3. (a) FULL NA	ME			3. (8) Social Security Number			
Lerev Mal	Loum Mc Cal	l um_			Unknewn			
4. Sex	5. Color or race	6.(a)Singi	ie, married, widowed, or divorced	MEDICAL CERTII	FICATION			
Male	US(W)	15	rried	20. DATE OF DEATH 24 A part 15.	46 19 a19:09 P M			
0 (1) No (bush-	de Wife	Elsie	Mc Callum	21. I CERTIFY that death occurred on the date above stated				
6.(0) Name of nusba	ng or wite	e a mind orden tijdt anke best e e	5.6	12 Noon 2 4 A Smil 1946				
7. Birth date of		8.((c) If alive, give age	and that I last saw h. samalive on 8:30Pm	24 A book 1846			
deceased (mo., da	y, yr.) 6 Marc	h 1888		Immediate cause of death	DURATION			
8. AGE: Ye	ars Months	Days	If less than one day	Cardine Fearline				
58	1	18	hrs min.					
9. Birthplace Ma.	disan, Indi	ounty, and	state)	Due to Cerebral Hamonhay	e /ohra			
10 Senal accumation	usn (Ret)		***************************************	Due to.				
	ness USN (Ret			Due to				
11. Industry or Busin	ness obs. (aso			••••••	***************************************			
12. Name J	nn.McCallu	M		Other conditions				
	Unknown			(Include pregnancy within 3 months of	of death)			
14. Maiden nar	ne Mary Hin	e s		Major findings of operations				
14. Maiden nar 15. 8irthplace	Unknown			Major pagings of operation				
	lais Ma Cal	7		Antopsy results.				
				PHYSICIAN: Please underline the cause to which deal	th should he charged statistically.			
Address Sy	lvan Steres			22. VIOLENCE: If death was due to external causes, fill	in the following:			
17 Remova] ion, or removal. Which	. Date the	reof direc 2/46 (month) (day) (year)	Accident, suicide, or homicide				
(Burial, cremat	ion, or removal. Which							
Cemetery or crem	atory	JUNE	Notional	Where did injury occur?(City or town)				
Location	chierton	Na		Injured at home, farm, Industry, public place (where?)				
0.000	1		1 Home	Meens of injury	Injured at work?			
	2 2			G.S. Harbin				
Address An	napelis, Na	310		23. SIGNATURE T. S. HARBIN Lie	ut (MC) HEND			
Oa'	126 19 46	IX	DATA	II C Naval Hannital	Annanalia Md			
(Date rec'd by	registrar)	1//	- U. Miller	U. S. Naval Hespital,	Date signed ,			

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APR 27 1946
BUREAU V R

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Print County

oct age	CERTIFICAT	PARTMENT OF HEALTH See St., Baltimore (1) TE OF DEATH Reg. Dist. No
information carefully. The correct of death clearly and legibly.	FILM NO. I O 1 APR - 9 1946 1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city or town Minits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
O 44 %	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Fencele White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH. Spril 1946 21 7:35 A.M.
FOR B	6.(b) Name of husband or wife	21. LERTIFY that death occurred on the date above stated; that I attended deceased from 1946 10 961 13 1946 and that I last saw h. 42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
RESI G INE	9. Birthplace	Due to Carcinomistosis 1/9. Due to Carcinoma of Liver? 12/12.
MA VITH UNF important.	12. Name alexander TV - Mc Cornics 13. Birthplace Washington D.C. 14. Malden name Askella Warred 15. Birthplace Washington D.C.	Other conditions
PLAINLY, is especially	16. Interment Mr. The Corneck Address Actar Glace Arrapali, held 17. Burial Date thereof April 3 4 1946 (Burial, cremation, or removal, Which?) Oate thereof April 3 4 1946	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
A15 -9.45.15	Cemetery or cremalory. Location 2 as hing to 2. C. 18. Funeral director. Address Onnapolis Dragon & Sur	Where did Injury occur?
VS A1	10 april 3 10 46 11 - 11.0 mgs	23. SIGNATURE (185 Prince Steory St. D. or other Address. 9. 185 Prince Steory St. Date signed 4. 185 The St. Date signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

03423

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
City or lown	State County T To County T T To County T T To County T T To County T T T T T T T T T T T T T T T T T T T
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	O to the Coll DI Sava
	Street Ho. (If rural, give LOCATION)
***************************************	(IT gran, give book troth)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	10 (1) C 11C 1. W 1
11 11	3. (b) Social Security Number
16/37 / 10/0 F	127184 Jone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to have i	MEDICAL CERTIFICATION
The block of second	1244
500000	20. DATE OF DEATH. 19.7. av 10. T.
Philip	21. I CERTIFY that death occurred on the date above stated; there aliended deceased from
B.(b) Name of husband or wife	
S.(c) If alive, give age	10 - 10 - 11 C
7. Birth date of	any that I last saw he alive on a fast 5-46 19
deceased (mo., day, yr.) 706 / 186/	1- 11-
8. AGE: Years Months Days If less than one day	Immediate cause of death
O. AGE:	
19mln.	Aut to ant touther
1 12 11 1 201	
9. Birthplace	Due to
(Town, county, and state)	
10. Usual occupation	
IO. USPRI UCCUPATION.	Duy 10.
11. Industry or business	analor arting prosing.
5 1	
E 12. Hame: Skill of the skill	Other conditions
₹ 13. Birthplace / 0//-8 . d	
x	(Iuciude pregnancy within 3 months of death)
14. Malden name	
	Major findings of operations.
≥ 15. Birthplace	Date of op.
18 Informant Office A Market - 12-12-1	Autopsy results
18. tnformant	PIIYSICIAN: Please underline the cause to which death should he charged statistically.
Address 1/201- 1/4/4/1/6 V-1/4	Intologic, I was equal to the case to water action and the case of
13/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	22. VIOLENCE: If death was due to external causes, fill in the following;
17, Date thereof A. Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?)	
Cemetery or crematory	Where did injury occur? (City-or town) (County) (State)
01 10 10 10 1	
Location Control Contr	Injured at home, farm, Industry, public place (where?)
1-2011 -1	Means Claffury Joisted at work?
1B. Funeral director.	
7 (1) 1 (4 - 12)	Mar 11 mar
Address	Latter 111 AMILE
4-9 11 () 11 0 1	M. D. or other
19 / Ho cupt deal	Mal to wind
(Date rec'd by registrar) Registrar	Date signed

VS A15

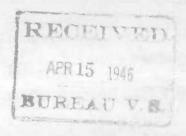
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

CERTIFICATE OF DEATH

U3424 Reg. Dist. No. 28

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county Anne Arundel County		State Maryland Con	Anne Arur	ndel	
City or town(If or	utside city or town li	Maryland mits, write RURAL and give nearest town)	Camp rare		
How long in above place	of death? 2.y1	s, 8 mos, 20 days	City or town(1f outside city or town limit		
Hospital, institution, or			street No. unknown		***************************************
Crownsv	Tille State	Hospital	(lf rural, give		
		rs, 8 mos, 20 days	2.(a) If veteran, name war		
3. (a) FULL NAME		- FANNIE (FRANCES)		3. (b) Social Security unknown	Number
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	black	married	20. DATE OF DEATH April 9		
6.(b) Name of husband	or wife Georg	ge McGowan	21. I CERLIFY that death occurred on the date ab	pve stated; that lattended dec	eased from
Camp Parol	e, Md.		and that I last saw her alive on Ap		
7. Birth date of deceased (mo., day, y	r.) Februa:	ry?28, 1889 (?)	Immediate cause of death		
8. AGE: Years	Months	Days If less than one day	Chronic Mycarditis a		
57	? 1.	nll hrsmin	1 Marie San		us since
9. Birthplace Maryland (Town county, and state)		Que to		7/19/43	
	(2011.11)	county, and state)	· · · · · · · · · · · · · · · · · · ·		
10. Usual occupation	Houseworl	k ·	Due to	***************************************	
11. Industry or business	s			***************************************	***************************************
	Jam Danna		Other conditions Huntington's	Chorea	Known to
12. Name	West River				us since
85 10. Bit tiplace	Venniett	a Sanders	(Include pregnancy within 3		
14. Maiden name. 15. Birthplace	uem Tecc	a Dalluels	Major findings of operations		
≥ 15. Birthplace	West Riv	er, Md.		Date of op	
16. Informant	ospital Re	cords	Autopsy results.		
Address C1	rownsville	, Maryland	PHYSICIAN: Please underline the cause to w		statistically.
			22. VIOLENCE: If death was due to external ca	uses, fill in the following:	
(Burial, cremation	, or removal. Which?	Date thereof. Apr. 13, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	Chew!	s Cemetery	Where did injury occur?	(County)	(State)
11		Maryland	1	where?)	
18. Funeral director	J. B.	Johnson	Means of injury	Injured at work?	
	polis, Mar	yland	- TAMINY	Phyle	LAKE
19. april	11 19 46	E.7. Loga Lota	23. Menatuh	M. D.	or other 4/9/46





2411 N. Charles St., Baltimore 97

10	0	An	per .	/
U	0	16		 1
Reg	. Di	st. I	Vo	 S

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(M of Bollfingerson
City or town (If outside city or town limits, write RURAL and give nearest town)	Siate County County
12 0/010	City or town Caraus ville
How long in above place of death?	(If outside city or town limits, write IDRAY and give near town)
Or man in the Hate Horn Lal	Street No. Off Therence Feet Control 28
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Robert Bay	The Ray 3. (b) Social Security Number
4. Sex 5. Colbr or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. C. m.	20. DATE OF DEATH ASSIST 22 19 46 21 6 50 M
Mrs Kathering Me Rolly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of heebend or wife	anil 12 18 46 10 april 22 10 46
7. Birth date of	and that I last saw him alive on ansil 22 1846
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediato cause ol death
0 —	Gusta to
	Jeleval aronorceouses as rine
9. Birthplace	Due to
10. Usual occupation teacher PL. D. Retired	
10. Usual occupation each Pt. D. Kelisler	Due to
11. Industry or business	Regarm to
	Other conditions A A Prince
12. Name Uni Review	100.01 100.01
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	
5 milyman	Major fiadings ol operations.
≥ 15. Birthplace	Date of op.
16. Interment Toop In Leese	Autopsy results
Address Crownsolle, Mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial Parlacial	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cality Menurial (to	
Cemetery or crematory Countries Countries	Where did injury occur?
Location Galternore Co. Med.	Injured at home, (arm, Industry, public place (where?)
The General M Shalland	Means of Injury Injured at work?
18. Funeral director aux Curye CV. Concurs	
Address 1631 Defected Fill Clave.	My Hustrate
VIC W Consider	23, STRNATURE M. D. or other
19	Address rough wille, Med Date signed gamil 23, 76
(white ree d b) regionary	II AUUICANA SIGNEWAR AND SIGNEW

2411 N. Charles St., Baltimore B.L.

03425	1
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Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Harmons	State Mary land County a.a.
City or town (If outside city or town limits, write RURAL and give nearest town)	dan
Now long in above stace of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or streef address where death occurred:	Street No. Abovey Rd
How long in hospital or institutioo?	(if rurai, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Claude B. Merso	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white margies,	20. DATE OF DEATH CAPIL 10, 19 46, at 6 P.
6.(b) Name of husband or wife Adura V. Smith	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(c) If alive, give age yea	and that I last saw h alive on Govey 10 19 54
deceased (mo., day, yr.) fluxe 20, 10 11	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Ceretral Idemorrhage, 12 dys
68 7 2hrsmi	a
9. Birthplace Mary Land (Town, county, and state)	Due to Carcho. Vascular Dunin 3 years
10. Usual occupation Farmer	
11, Industry or business	Due fo
	Other conditions.
12. Name artimus Marson 13. Birthplace Maryland	
	(Include pregnancy within 8 months of death)
14. Maiden name. Mary white heaf 15. Birtholace Mary land	Major findings of operations
m. Mel Much	- Date of 49
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 10260 S. Paca St	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	
Friendalia.	
Cemetery or crematory	Where did lajury occur? (City or town) (County) (State)
Location Trusting 124	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harry H Wiske	Means of injury Injured at work?
Address H101 Edmindson UK.	23. SIGNATURE Some S. Bellingska M. D.
19. + 13 19 46 another Registre	23. SIGNATURE M. D. or other M. D. or other Leve Berner has pair signed Garis With

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Man

03427

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			CERTIFICAT	Reg. Dist. No	7
County Anno City or town Jess (11 out	PLACE OF DEATH: Ann Arundel ty or town. Jessups, Maryland (If outside city or town limits, write RURAL and give nearest town) ty on long in above place of death? 36 days 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland City or town Jessups (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town)		reat town)		
Marylar How long in hospital or	nd House	of Co	orrection	Street No. Maryland House of Correct (If rural, give LOCATION) 2.(a) If veteran, name war.	tion
3. (a) FULL NAME				3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Col'd	Ma	rried	20. DATE OF DEATH April 28, 1946 19	at 4:00A.m
6.(b) Name of husband o	r wife Ida	May Mi	tchell	21. I CERTIFY that death occurred on the date above stated; that I attended decer March 22, 19 46, to April	28 19 46
7. Birth dale of deceased (mo., day, yr.	Cont	189) If allve, give ageyears	and that I last saw h im alive on April 27 Immediate cause of death Toxenia	19.46
8. AGE: Years 52	Mooths 7	Days 7	If less than one dayhrs min.	Immediate cause of death A.W.A.W.A.W.A.W.A.W.A.W.A.W.A.W.A.W.A.W	DURATION
9. Birthplace	Tahama		DWN tate)	Due to Extravasation of urine scrotal & pubic Due to old uretheral stricture	
11. Industry or business					***************************************
12. Name	unknown unknown			Other conditions Suprapubic cystotomy (Include pregnancy within 3 months of death)	
14. Malden name	unkno unkno			(Include pregnancy within 3 months of death) Major findings of operations	ethra r. 23/46.
16. Informant Red	cords, M	.н.с.		Actorsy results	statistically.
" Bull	or removal, Which?)	Dale there	of	22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide	
Location	no chuy	gol	County	Injured at home, farm, industry, public place (where?)	
18. Funeral director	1 Har	ud	Hellow-	Means of Injury Injured at work? 23. SIGNATURE Olive Clark	かかい
19. (Date rec'd by reg	19 19 4 G	10	Kara Casluh Registrar	Md. House of Corr ection igned	pr.28/46



2411 N. Charles St., Baltimore (957)

-4	
-4	

Address Lathuan, ud.

20

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Muyaud County Ann Aunthor City or town (1f outside city or town limits, write RURAL and give nearest town)
nni.	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs I du Jane Brady	molland 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
finale white married	20. DATE OF DEATH. afril 22 19.46 at 11 9.
5.(b) Name of husband or wife Morris George Menuland 5.(c) If allve, give age 7.3 years deceased (mo., day, yr.) Rele 10 - 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.6. to Africa 2.2. 19. 4.6. and that I last saw h. A. alive on Africa 2.2. 19. 4.6. DIRECTION
8. AGE: Years Months Days If less than one day 2 12	
9. Birthplace (Town, county, and state) 10. Usual occupation (Automatical State)	Due to Chimie myounditie
11. Industry or business 12. Name Lamuel Brady - 2. 13. Birthplace Culrut Country	Dther conditions
14. Malden name Marthy anni Chune, 15. Birthplace Calrut County	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Grages unice uniland. Address runnd, and,	Autopsy results
(Burial, eremation, or removal, Which?) Date thereof. April 21/16 (month) (day) fyear)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory with June Make	Where did injury occur?
18. Funeral director 3.4. 24.0 PPing	Means of Injury tnjured at work?
Address Company of the man of the second	23. SIGNATURE Frilg H. Wilson, 2n O.

A15

(Date pec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 25 19 BUREAU V.S.

3. (b) Social Security Number

Mect age	2411 N. Charle	TE OF DEATH Reg. D
Ily The corn	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother) State

and give nearest town) Street No. 118 (If rural, give LOCATION)

7. Birlh date of deceased (mo., day, yr.) It less than one day 8. AGE: Years 66

Town, county, and state)

10. Usuat occupation.

How long in hospital or instilution: 3. (a) FULL NAME

tem of information care causes of death clearly

Supply every item of the

write

UNFADING INK. Suppart. Physicians: please

WITH UNF important.

especially PLAINLY, is especially

WRITE

PLEASE

9.45-15M

VS A15

MARGIN RESERVED FOR BINDING

11. Industry or business

Address

(month) (day) (year) (Burial, cremation, or removal, Which?)

M. D. or other

DURATION

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide.....

Where did injury occur? (State) (City or town) (County)

Injured at home, farm, industry, public place (where?) injured at work? Means of Injury

RECUI

APR 23 1946

BUREAU

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

03430

			2	C
Rev.	Diat.	No.	~	0

1. PLACE OF DEATH: Anne Arundel		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	TO THE RESERVE OF THE PERSON O	
County		State Maryland county Calvert County		
Gity of 10will.		City or town. Plum Point. (If outside city or town limits, write RURAL and give ne		
How long in above place of death? 10 ye	ars 10 months	(If outside city or town limits, write RURAL and give ne	orest town)	
Hospital, Institution, or street address where dea	HOSPITAL	Sireet No. (If rural, give LOCATION)	<i></i>	
How long in hospital or institution? 10 y		(If rural, give LOCATION) 2.(a) If veteran, name war.		
	0310			
3. (a) FULL NAME	ATT T	3. (b) Social Security	Number	
MARION MOR	SELL 6.(a)Single, married, widowed, or divorced			
4. Sex 5. Color or race		MEDICAL CERTIFICATION		
female black	single	20. DATE OF DEATH. April 7, 18.46		
a (h) Name of husband or wife none		21. I CERTIFY that death occurred on the date above stated; that I attended dec		
		July 8, 19 35 to April 7	7., 19.46	
7, Birth date of		and that I last saw h. er alive on April 6,	19.46	
deceased (mo., day, yr.) unknown		Immediate cause of death		
8. AGE: Years Months	Days If less than one day	chronic myocarditis		
45?	hrsmin.		about	
9. Birthplace unknown (Town, col		Due to		

10. Usual occupation		Due to		
11. Industry or business			***	
12. Name unknown		Other conditions mental defective with	10yr.10mo.	
13. Birthplace		(Include pregnancy within 3 months of death)		
Edmonia Re	ed			
		Major fiadings of operations		
15. Birthplace Maryland		Date of op.		
16. Informant Hospital Reco	rds	Actopsy results not done PHYSICIAN: Please noderline the cause to which death should be charged	d atatistically	
Address Crownsville, M	arvland			
1 /	Date thereof Poril 9, 1946.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Wbich?)		Assumed Assumed as a second se		
Cemetery or crematory	Point	Where did lajury occur?	(State)	
location Calvert	Md.	Injured at home, farm, industry, public place (where?)		
P. E. A	Serve DO.	Meens of Injury Injured at work?		
18. Funeral director	- 0	Mal XXII t	- 2	
Address Gunce T	ederick 7/19.	23. SIGNATURE XUIT	rous	
4/8: 1846	2 Though docal	М. D.	or other	
19. (Date rec'd by registrar)	Registrar	Address	April 8, 40	

RECEIVED

APR 11 1946

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2411 N. Charles St., Baltimore (30%) CERTIFICATE OF DEATH

03431 Reg. Dist. No.....

1. PLACE OF DEATH: Anne Arundel County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County		
Hospital, Institution, or street address where death occurred: Crownsville State Hospital	Street No. 234 North Carey Street (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war.		
3.(a) FULL NAME NICHOLSON - ESTHER	3.(b) Social Security Number unknown		
female black female 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 22 19 46, at 6:15 P. M		
St. Baltimore, Md	21. I CERTIFY that death occurred on the date above stated; that I sttended deceased from October 16 19.45 to April 22 19.46 and that I last saw h. er alive on April 22 19.46		
8. AGE: Years Months Days It less than one day 58 unknown hrs. min.	Immediate cause of death		
8. Sirthplace Maryland (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to. 10/16/45		
12. Hame	Other conditions		
14. Malden name Jannie ? 15. Sirthplace Maryland	(Include pregnancy within 3 months of death) Major fieldings of operations		
16. Informant Hospital Records Address Crownsville, Maryland	Autopsy results		
Buried Date thereot April 25, 1946 (Burlal, cremation, or removal. Which?) Cemetery or crematory Mt. Auburn	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Location Baltimore City 18. Funeral director Mrs. Katie R. Williams	Injured at home, farm, Industry, public place (where?)		
Address 322 N. Schroeder St., Balto, Md. 19. 4 A. W. Jednel (Esterce'd by registrar) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIENATURE M. D. or other Address Crownsville, Maryland Date signed 4/22/46		

2411 N. Charles St., Baltimore 99-

CERTIFICATE OF DEATH

()3432 Reg. Dist. No. 26

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Of Library	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
S.(d) FOLL NAME	3. (b) Social Security Number
Mary Mysps	nane
4. Sex 5. Color or race 6.(a) Single, plarried, widowed, or divorced	MEDICAL CERTIFICATION 30
FEMALE WHITE	A. 1 'A . 5 /// /2 P
Thomas & Phipps	
6.(o) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that atlended deceased from
7. Birth date of	19 40, to Dec 28 19 73
deceased (mo., day, yr.) may 3 /862	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
Q.3	Degenerative Cardiar Visiase 10 yrs
83 11 14	
9. Birthplace	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. tndustry or business	
12. Name weeph knopp	Other conditions
12. Name vseph mofep	
	(Include pregnancy within 3 months of death)
14. Malden name Mary miller 15. Birthplace Hermany	Major findings of operations
X 15. Birthplace Skynnery	Date of op.
16. Informant Bernard Phisps	Autopsy results.
	PHYStCIAN: Please underline the cause to which death should be charged statistically.
Address Dewli Meg.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremetion, or removal, Which?) Date thereot. Cfu 20 /94/6 (Burial, cremetion, or removal, Which?)	Accident, suicide, or homicide
V+ (10 20 20 2	
Cemotery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location Tracys md.	Injured at home, tarm, Industry, public place (where?)
J. a. & meditte + Son	Means of injury Injured at work?
18. Funeral director.	0-2 :0 : 40
Address Saluville 14/14.	on account of X(1) ellerman MD
" April south 4 19 Dout	23. SIGNATURE M. D. or other
(Date re'd by registrar)	Address Bossacle annapoles Pate signed 4-19-46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

03443

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State County County
City or town	2 Wigatt lite
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street, address where death occurred	Street No. (If rural, give LOCATION)
	2.(a) If veleran, name war.
How long to hospital or institution?	
3. (a) FULL NAME William Phodes	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
M. Black widowed	20. DATE OF DEATH. CLANA 20 19/2 at 10 3 8 m
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	9440 13 a 1946 10 944 29 1946
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) R A C.F. Years Months Days If less than one day	Immediate cause of death
0. Adz.	Considerate answerles
60.T	1994
9. Birthplace (Town, county, and atate)	Due to.
7- Burner	
10. Usual occupation.	Due to
11. Industry or business	
12. Name temp two de	Other conditions
≦ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
S 15. Birthplace	Date of op.
16. Informant Haspital Kesards	Autopsy results.
a la como a made	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Charles Comments of the Comments of th	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burnit cremation, or removal. Whileh?) Date the cot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MT Column Commit	Where did injury occur?
Callett mill	Injured at home, fam, Industry, public place (where?)
Location	Means of Injury Injured at work
18. Funeral director	-XAI. Ha' -
Address 9/80 Dong Mill Joine	23. SIGNATURE STEPL V. PRINTINGEZ
1 Valle Alle Alle	M, D, or other
19. (Dafe rec'd by registrar)	Address (10 wousell) Water signed F 2 6

2411 N. Charles St., Baltimore 1950

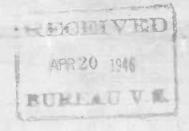
03444

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County. Ann Arundel County. Jessup City or town. Jessup How long in above place of death? five days Hospital, institution, or street address where death occurred: Maryland House of Correction Hospital How long in hospital or institution? three days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 603 N. Bond St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Richard Sawyer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 2D. DATE DF DEATH April 12 19 46 at 230 A M
6.(b) Name of husband or wife Catherine Sawyer 6.(c) If alive, give age 22 years 7. Birth date of deceased (mo., day, yr.) July 16, 1916 8. AGE: Years Months Days If less than one day 29 8 27	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
9. Birthplace Norfolk, Va. 1D. Usual occupation Laborer 11. Industry or business 12. Name John Wm. Sawwer 13. Birthplace N.C. 14. Maiden name Clara 15. Birthplace Norfolk, Va.	Due to Tetanus infection incurred in an injury to scalp (hit Due to With a brick thrown by unknown person or persons) Diher conditions (Include pregnancy within 3 months of death)
Address 603 N. Bond St., Balto. Md. 17. Derical Date thereof. 16-1946. (Burial, cremation, or removal. Which?) Cemetery or crematory. M. Co. M. Co	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. blow on head date of Mar 26,446 Where did injury occur? Baltimore Md (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Street Means of injury Struck by brick injured at work? 23. SIGNATURE TO THE MARKET OF THE COUNTY OF THE COU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS (A15)



CERTIFICA	TE OF DEATH Rog. Dist. No. 2
1. PLACE OF DEATH: County (If ortside city or fwm limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 33 How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city of town limits, write RURAL and give nearest town) Street No. 33 (If rural give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME albert & Scala	3. (b) Social Security Number 214-08-08-
4. Sex 5. Color or race 8. (a) Single/married, wildowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19. 10. 21. 21. 10. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21
8.(c) Name of husband or wife	21. LETHITY that death occurred on the interators state of the state o
8. AGE: Years Months Days If less than one day	Claute Selation of Heart Suit
9. Birthpiace (Town, county, and state) 10. Usual occupation. By Line of Frank Town of the State of Towns of the State of Towns of the State of the	Ouo to.
11. Industry or business Tracery Merchant 12. Name Janis Scala 13. Birthplace Taly	Other conditions
14. Malden name Landhaacan 15. Birthplace waknama	Major findings of uperations

WITH UNFADING INK. important. Physicians: p

MARGIN RESERVED FOR BINDING

The correct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

A15

18. Funeral director

(Date rec'd hy fegistrar)

(Burial, cremation, or removal. Which?)

Address

Registrar

(month) (day) (year)

23. SONATURE

Means of Injury

Where did injury occur?

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town)

PHYSICIAN: Please underline the cause tu which death should be charged statistically.

Injured at work?

(County)

(State)

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VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

03446 Reg. Dist. No. 26

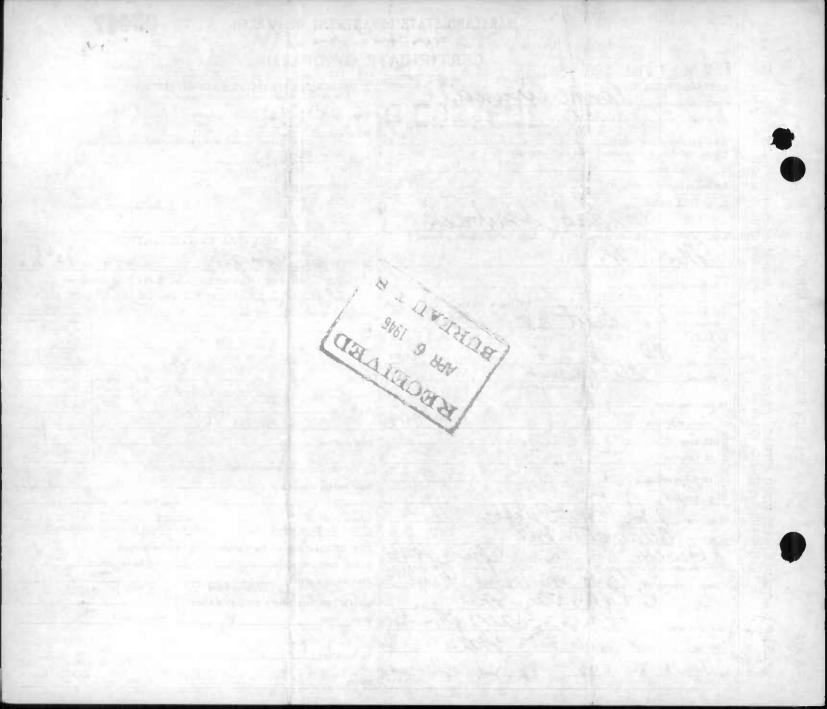
1. PLACE OF DEATH: and assunded	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
City or town. (If outside city or the RIRAL and give nearest town)	State Mary and county limb wunded
How long in above place of death?	City or town (If outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Blitter Scott	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Willowy	MEDICAL CERTIFICATION 20. DATE OF DEATH OF ALL 19-41
8.(5) Name of husband or wife Study Soft	21. I CERTIFY the death occurred on the date above stated that I altended decaased from
7. Birth date of deceased (mo., day, yr.) Lle 4. 1864	and that last saw h. Lew. alive on
8. AGE: Years Months Days If less than one day 6/ 4 3	Immediate cause of death.
9. Birtholace Shady Seil	Due to 20 10 10 10 10 10 10 10 10 10 10 10 10 10
10. Usual occupation. Outline	Certorial Hyputomin L
11. Indostry or business	Due to
12. Name Jawo Scott 13. Birthplace Shad side	Other conditions
13. Birthplace August Fills	(Include pregnancy within 8 months of death)
14. Malden name Mayell Thousand	Major findings of operations.
15. Birthplace Drughfin	Date of op.
16. Informant Vela Ydobining	Autopsy results.
Address Hack dl. 400	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Que 10 194/0	22. VIOLENCE: If death was due to external causes. Itil in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St Matthins Selm 7	Where did injury occur?
Location Shady Side Mass	Injured at home, farm, industry, public place (where?)
- Of P Ahredettes Son	Means of Injury Injured at work?
18. Funeral director Address Salesville Met.	At R builton
Children de Brond	23. SIGNATURE M. D. or other
19. (Clate Jec'd by registrar) (Date Jec'd by registrar) Registrar	Address Chin Got , Male signed 4/8/4

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A15	The same
VS	2

usual residence of deceased 2411 N. Cha	TE OF DEATH 13447 Reg. Diet. No
1. PLACE OF DEATH: County County City or town. City or town limits, write RURAL and give nearest town) How long in above place of teeth? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Anne Arundel City or town Edgewater P.O. (If ontside city or town limits, write RURAL und give nearest town) Street No. County Home (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Sex J. 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
6.(b) Name of husbaod or wife	20. DAYE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. V. to Capacity 19. 3 and that I tast saw h. Ariza. elive on 19. Immediate cause of death DUBA
8. AGE: Years North Days If less than one day 4 hrs. min 9. Birthplace	Due to. Chy. myo carriero c Deings
11. Industry or business H 12. Name	Other condillons
14. Malden name. 15. Birthplace 16. Informant Must Fucker Address Edgwaler P.C.	Major findings of operations
17. Admid Date thereof Am 3, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory A Color torsel form Location Edgewater The	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
	Means of Injury Injured at work?



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

1. PLACE OF DEATH: County City or town. (If outside city or sown limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME	3. (b) Social Security Number
5. Color or race 6.(a) Single, prarried, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.46, at
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Life 20 19 4 10 4 19 4 19 4 19 4 19 4 19 4 19
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
9. Birthplace (Town, county, and state) 10. Usual occupation of the Held Supplies Cells of the Supplies Cells	Oue to hypertensis cardio.
11. Industry or business 12. Name	Other conditions
14. Malden name Unhhume 15. Birthplace Germany	(Include pregnancy within 3 months of death) Major findings of operations
Address 570 Johnson of Frohlyre	Autopsy results
Burial, cremation, or removal. Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Location State Dayne	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director Address 19. 4 5 19 4 6 A. W. Hedrick (Date rec'd by registrar) Registrar	23. SIGNATURE Philips M. Kuis Cu. M.D. or other, 302 Yalays 3 co Cu Date signed 4/4/46

PLEASE

VS A15

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

. 13	1	03	7	I	7	1
-40	- 4	112	1	1	(1)	

1. PLACE OF DEATH: Anne Arundel Co.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		Md. R	F. D. #2 RAL and give nearest town)	state Maryland county Anne Arundel C		
Bospital, Institution, or Ski	ong in above place of death?		Street No	Mone Md. A. A. Co. tside city or town limits, write RURAL and give nearest town) None (If rural, give LOCATION) None		
		Mone		2.(a) If veteran, name war		
3. (a) FULL NAM	Corneli	us Smit!	h		3. (b) Social Security None	umber
4. Sex	5. Color or race	6.(a) Single, 1	narried, widowed, or divorced		ERTIFICATION	
М.	Col.		Married	20. DATE OF DEATH CAPUL &	25 1946	18P. M
			th	21. I CERTIFY that death occurred on the date about 19 and that I last saw h	ove stated; thal I attended deceased 4 9 to 2 5 4 4 5 - 4 5 -	19 4 6
8. AGE: Year	s Months	Days	If less than ooe dayhrsmln.	Immediate cause of death		DURATION
10. Usual occupation.	(Town, Fis N	herman one	Md a	Due to		
12. Name	Skidmor Elizabeth	Hollan	đ	Other conditions Debudy 4 (Include pregnancy within 3 in Major findings of operations.	months of death)	
t6. Informant Mr	Skidmore Abram Smi	th	. D. Box 410	Autopsy results		
17 Burial (Burial, cremation	, or removal. Which?)	Date thereof	4/28/46 (month) (day) (year) metery	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide Where did injury occur?	Date of	
				Injured at home, farm, Industry, public place (w		
	Mana Ohami		iake	Means of Injury	Injured at work?	
18. Funeral director		St An	napolis Md.	67	Tellon -	In D.
	27. 10 46	7777	J, Mikegistr	23. SIGNATURE Compa 1	M D or	other 1-16-46

APR 30 1946 BUREAU'V E

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

03450

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH: Anne Arundel Co.				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
VVIII.7				State Maryland County Anne Arundel Co.		
City or town Annapolis Md. (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	of death?	30 ye	ars	City or town Annapolis Md. (If outside city or town limits,	write RURAL und give nearest town)	
Hospital, Institution, or				Street No. 87 Washington St		
	0		Annapolis Md.	(If rural, give l		
			•••••••••••••••••••••••••••••••••••••••	2.(a) tf veteran, name war	None	
3. (a) FULL NAM!					3. (b) Social Security Number	
	Joseph 1				215-12-8175	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
M,	Col	Si	ngle	20. DATE OF DEATH. 4///	7 19 16 at 1 26 p.	
O (E) Name of bushood				21. I CERTIFY that death occurred on the date abov		
				2/.0	,	
7. Birth date of) If alive, give ageyears	and that I last saw h Adva alive on	//	
deceased (mo., day, y				Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Pulmmary Jaken		
30			hrsmln.	0		
9. BirthplaceA	nnapolis l	ld.	tate)	Due to		
	(Town)	county, and s	tate)			
			•••••••••••••••••	Due to		
11. Industry or business						
12. Name	Charles	R. Spr	iggs	Dither conditions		
	Anna	polis M	d	(Include pregnancy within 3 m	onths of death)	
14. Maiden name	Aneti	a Cook	***************************************			
14. Maiden name Anetia Cook 15. Birthplace Annapolis Md.				Major findings of operations		
	Aneita Co	ook Spr	iegs	Autopsy results.		
16 Informant Mrs Aneita Cook Spriggs Address 87 Wsahington St.				PHYSICIAN: Please underline the cause to which		
			. / / . /	22. VIOLENCE: If death was due to external cause	es, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cemetery or crematory St. Anne Cemetery				Where did Injury occur?(City or town)		
Location Northwest St. extd.				Injured at home, farm, Industry, public place (whe		
fB. Funeral director Mrs Charles E. Hicks				means of injury	Injured at work?	
Address 45 Nottrwset St. Knpapolis Md.				1 Thomas	I Johnson the of	
seril and with 1				28. SIGNATURE SIGNATURE	M. D. or other	
19 Opril 20 19 46 A Control of Registrar				Address 40 Malhael Still	Date signed 4/19/46	

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APR 23 1946 :

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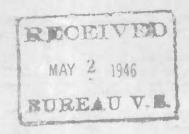
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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A	U	09	(0)		21	
1 4	Reg.	Dist.	No.	6	× 1	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME milton R. Sterle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Supple 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.)	and that I tast saw h. Loron allve on Sport 28 0 1715 19.46. Immediate cause of death
9. Birthplace	Due to asperation of There is (3)
10. Usuat occupation 11. Industry or business 12. Name	Due to
14. Maiden name Paufine a newough 15. Birthplace Hampton Poads Na	(Include pregnancy within 3 months of death) Major findings of operations
16. informant Address Hearles Harles 17. (Burial, cremation, or removal. Which) (rgonth) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Colling Control	Where did injury occur?
Address 19. (Date rec'd by registur) 19. (Date rec'd by registur)	23 SIGNATURE Children Peabol Trevett MD M. D. or other Address 172 green St Date signed 4:29.46.



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

03452

Reg. Dist. No. 25

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For temborn infants give residence of mother)		
County	The state of the s		
(If outside city or town mits, grite RURAL and give nearest town)	State County County		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Sireet No. 515 Danier State Land		
	Street No. (If rural, give LOCATION)		
How long in hospital or institution?			
	2.(a) It veteran, name war		
7 6 7 7 7 7 7	3. (b) Social Security Number		
5. Color or rane 6.(a) Single, married, widowed, ox divorces	MEDICAL CERTIFICATION		
Handle Will Married	20. DATE OF DEATH. april (2 1946, at 158 PM		
Welchell Stovens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife	april 10 1946 10 light 12 1945		
7. Birth date of years	and that I ast saw h. La alive on apue!		
deceased (mo., day, yr.) Cecq. 21, 1888	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Bronchomeumonn Rthan I will		
57min.	annument assta?		
R. W. and James	Due to.		
9. Birthplace			
10. Usual occupation.	***************************************		
	Due to		
11. Industry or business			
12. Name Sevize Wayiouith	Dther conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
# 14. Malden name Clauseubrur	Major findings of operations.		
15. Birthplace			
15 5 co Albertain Inc. III	Date of op		
16. Informant	Autopsy results		
Address 313 Hammonds have			
17. Burfal, cremation, or removal. Which?) Date thereot. # -/4-/946 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory MA Olystef	Where did Injury occur?		
Sa Mak	Injured at home, tarm, industry, public place (where?)		
Location John Son Son Son Son Son Son Son Son Son So	Means of injury Injured at work?		
18. Funeral director Luggest T.	1		
Address 1476 hight st.	M. Cha B Kres		
4-13- 11 (1.82/ 1 /	23. SIGNATURE M. D. or other		
19. 4-13- (Date rec'd by registrar) Registrar	Address medants of Slog Date signed april, 31944		

2411 N. Charles St., Baltimore 91)

CERTIFICATE OF DEATH

03453

			/ }	~
Reg.	Diat.	No.	 a.	, 0

		A	
1. PLACE OF DEATH: County ANNE PYUNDE!	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State May y land county BANE Atundel		
	City or town	L. C.	ost town) .
How long In above place of death?	315 Osahard KAA	2 (Gayland	Park.
	Street No. (If rural, give I	OCATION)	
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME		3. (b) Social Security N	lumber
HENTY J. Stolze		NONE	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male White Mayried	20. DATE OF DEATH APYIL 4	19. W.G.	at 11.30 /
6.(b) Name of husband or wife Sayah L. Stolze.	21. I CERTIFY that death occurred on the date above	. / ./ ~ //11	sed from
Wee Wickham 6.(c) If allve, give age 78 years	Gyp 19.7	6 , to J J	19
7. Sirth date of October 11 10 50	and that I last saw h	7.46	19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		DURATION
87 5 18hrsmin.	2/		/ / -
0(01:11:110 01:	Mar fullel		6
9. Birthplace (Town, county, and state)	Duo to		
Softery Stole Keeper (Retired)	Mulley		****
11. Industry or business Wheeling W. Va	Due to	des	
	Other conditions		0.0000000000000000000000000000000000000
12. Name // Sto/Ze 13. Birthplace Germany			F-1/2
14. Maiden name Doyothea Beckey 15. Birthplace Baden Geymany	(Include pregnancy within 3 mo		
15. Birthplace Baden Germany	Major fiadings of operations		
MJ. (senule A Stalze	Antopsy results		
16. Informant	PHYSICIAN: Flease underline the cause to whi		tatistically.
Address Sural Ex Naale, Ma.	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
(Burial cremation, or removal, Which?) Date thereof 77, 4 (day) (year)	Accident, suicide, or homicide	Date of	** 60000** 00 * 000 * 000 000 00 * 0
Cemetery or crematory	Where did injury occur?	(County)	(State)
Location Wheeling W. Va.	Injured at home, farm, Industry, public place (who		***************************************
Thomas W. Directa	Meens of Injury	Injured at work?	
Address Ellery Bulance Md.	Gustano D	Pular	sud.
at a few and	23. SIGNATURE	M. D. o	r other
19. (Data Miles by receivers) 19. 44.6. Registres	seem seem Burn	e lud . Date signed	43/46



5. 881580

2411 N. Charles St., Baltimore



County Anne Arundel County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. Baltimore City (If outside city or town limita, write RURAL and give nearest town) 1318 Fremont Avenue Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
TABBS - MARY	dain gan gan title can dan dah-gah		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 28. Date of Death April 28 19 46 at 5:25 P m		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended duceased from January 25 19. 45 10. April 28 19. 46 and that I last saw h er alive on April 28 19. 46		
deceased (mo., day, yr.) 1079: 8. AGE: Years Months Days If less than one day 71 ? unknown	Immediate cause of death		
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Housework	Due to. 1/25/45		
tt. Industry or business Harien Dorsey tt. Name Harien Dorsey tt. Strthplace Maryland	Other conditions Psychosis with Cerebral Known to us since Arteriosclerosis 1/25/45		
t4. Malden name Annie Hicks 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations		
18. Informant Hospital Records Address Crownsville, Maryland	Autopsy results PHYSICIAN: Please moderline the caose to which death shoold be charged statistically.		
17. Buried Date thereof May 2. 1946 (Burist, cremation, or removal, Which?) Cemetery or crematory Mt. Calvary	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Anne Arundel County 18. Funeral director Elroy Wilson	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at w/k?		
Address 1000 Brantley Ave., Baltimore, Md. 19. (Dyle rec'd by registrar) 19. (Dyle rec'd by registrar)	23. SIGNATURE M. D. or other Address Crownsville, Maryland Bate signed 4/28/46		



PLEASE

VS-A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County anne arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City or town. O. J. S. Charles Soully 's moderate (if outside city ortown limits, write RURAL and give nearest town)	State My: County anne arundel
How long in above place of death? Alout Sylana	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1. Courte # Street No. 1. G. G. Co., May
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME James a. Tayl	3. (b) Social Security Number 217-03-6974
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
There White married	20, DATE OF DEATH CLOSE S 1946, et 7:45
6.(b) Name of husband or wife Marie M. Jaylor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(nee Wederneyer) 6.(c) If allve, give age 3 4 years	end that I last saw harm, alive on all
deceased (mo., day, yr.) November 8, 1892	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
8. Birthplace Laneaster Co., Va.	Die to Cultinger of
10. Usual occupation Mulling State	Lung Eft
11. Industry or business Davison Phanical Corp	Due to
# 12. Name Joines R. Taylor	Differ conditions
13. Birthplace 7 a.	(Include pregnancy within 3 months of death)
14. Maiden name Plice Elyabeth (hee Jaylor)	Major findings of operations.
El 15. Birthplace Q .	
16. Informant Mas Marke M. Laylor, (Wife)	Antopsy results
Addres Old Floy Deach, Mural Ront # 2, Solly 129	22. VIOLENCE: If death was due to external causes, fill in the following;
Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Teles Abile Consumer	Where did injury occur?
Location A. a. Co	Injured at home, farm, industry, public place (where?)
18. Funeral directo T. Howard Evans	Means of Injury Injured at work?
Address 1400 S. Charlieft, Bolto. 30, h	23. SIGNATURE Send (L mod)
19. (Date rec'd by registrar) Registrar	M. D. or other
	Manicoo alguera and an analysis and an a

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

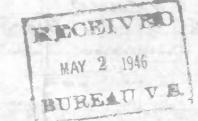
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i.	Ã		N/-	9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newhorn infants give residence of mother)		
City or town	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Theophilus nomfu	and me		
4. Sex 5. Color oyface 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Thate look hidowed	20, DATE OF DEATH Colored 25, 1946 at 8P. m		
5 (h) Home of husband or wife Califel Gormelius Brown	21. LCERTIFY that death occurred on the date above stated; that I attended deceased from		
a.(o) Name of Ausband of Wife	(1) n . 0 / 4/ (cf. 00 /-		
7. Birth date ofyears			
deceased (mo., day, yr.) June 7. 1850			
8. AGE: Months Days If less than one day	Cardine / Bill		
95 10 2	Jackson		
8. Birtholace Schrichtru	Dots Old a so		
(Town, ounty, and state)	000 10.		
1D. Usual occupation.	Que to Angerman lolar		
11. Industry or business	Duration Len days away		
12. Name Thomas Thomfson 13. Birthplace	Other conditions		
X 13. Birthplace			
14. Malden name Mary d. Fauln	(Include pregnancy within 8 months of death)		
15. Birthplace	Majur findings of operations.		
≥ 15. Birthplace			
16. Informant	Autopsy results.		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof Que. 28 1946	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Manhhu Lluy.	Where did injury occur?		
Location lenuchty FRG	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J. G. Standustu + Sus	Means of injury Injured at work?		
- Us but Ala I the of	0.0		
Address Successful and	23. SIGNATURE De Ladam		
19. Cepter 28 1946 J. 13. Dent	M. D. or other		
(Date rec'd by registrar) Registrar	Address 72 0 7 0 Date signed 7 2 7 4		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bo

CERTIFICATE OF DEATH

()3433 2/ Reg. Dist. No. 2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State Mary land County Chrone Chronille
City or town(If outside city or town mits, write RURAL and give nearest town)	Charles August
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 827 West As.
	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) It veteran, name war
3. (a) FULL NAME John M. oly	Leago Tydings 3. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Wale Wale Married	2D. DATE OF DEATH. april 7 2 19 16 at 80 M
MONNOT Frances	21. I PERTIFY that death occurred on the date above stated; that I attended deceased from
8.(0) Name of nusband of wite	June 1945 10 april 22 19 66
7. Birth date of	and that I last saw h allre on 95 2/2 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	myourdes (ch). Vyen
78 6 25hrs. min	
9. Birthplace Q. Q. G. Ma.	Due to.
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or husiness	
12. Name John Lydings	Dither conditions William When when
13. Birthplate Q. Q. Con Md.	
El Desire Sleward	(Include pregnancy within 3 months of death)
14. Maiden name. Christie Sleward 15. Birthplace Q. Q. Co. Md.	Major findings of operations.
El 15. Birthplace C. C. G. Ma	Date of op.
16. Intermant Mary and Organic	Antopsy results
Address 827 Me. 7 M. Clasenhols M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bunal Date thereof Copul 24-18	22. VIOLENCE: If death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Concept Ald	Injured at home, farm, Industry, public place (where?)
Poly & Nort	Means of Injury Injured at work?
18. Funeral director	
Address	1 23. SIGNATURE Vinge C' Bacil
"Opril 24 "41. 11	M. D. or other
(Dale rec'd by registrar)	Address Church Max Date signed 4.24.4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03434 Reg. Dist. No. 23

1. PLACE OF DEATH: Hymr Armsel.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new particular and providence of mother)
City or town	State Many County H. T.
7 - 3 - 1 - 1 - 1 - 1	City or town
How long in above place of death?	Washing de Ath
	(If rural, give LOGATION)
How long In hospital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	man 172-16-7730
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule white married.	2D. DATE DE DEATH 10 - 4 M
6.6 Name of husband or wife Detty Jane Wayman	21. I CERTIFY that death occurred on the date above states; that I attended deceased from
Callahan 6.(c) If all ye, give age 26 years	Patruostean Examination
7. Birth date of	and that I last com h elive og Provi
deceased (mo., day, yr.) / Jugust 7, 1470 8. AGE: Years Months Days It less than one day	Immediate cause of death
25 8 14min.	Pourned to death
9. Birthplace CONNE//SVILLE Pa.	Due to. Transfer fin Fileware
(Town, county, and state) Proposition Pro	They med in 15 hours
Ib. Osual occupation.	Que to Spage 256 Planta
11. Industry or busines National Plastic Co. Odenton	1.
12. Name John YVayman	Other conditions
13. Birthplace Pt. Mayion, l-ayette Co., Fa	(Include pregnancy within 3 months of death)
14. Maiden name Etna Smith	
14. Maiden name Etna Smith 15. Birthplace Fayette Co. Pa.	Major findings of operations.
Mrs. Albert C. Wayman	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Willis St. UNIONTOWN Pa.	
(Burfal, cremation, or removal, Which?) Date thereof A PY: 1 17, 1946. (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide.
	Orleyton HA Amarila 3
Cemetery or crematory	(City or town) (Connty) (State)
Location UNIONTOWN /a.	injured at home, farm, Industry, public place (where?) National Plantic Corp.
18. Funeral director Thomas W Luca Goton	Means of injury fire targeals injured at work? Yes
Address Hay Aumie And	Mr. Mil O. 11 MA midreal
Audiess from comme from	23. SIGNATURE M. D. or other
19. Wescalke	Address Hunaboles Wid Bate stoned 4/16/46.
(Date rec'd by registrar)	Address // Part of U Volume Nate stoned // O / The



jin.

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. UNFADING INK. PLAINLY, WITH UNF is especially important.

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PLEASE WRITE

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HON (For newborn infants give residence)	ME) OF DECEASED:
State Maryland	County
City or town Baltime	ore City wn limits, write RURAL and give nearest town)
Street No. 830 Brad	ley Street
2.(a) If veteran, name war	ral, give LOCATION)

Crownsville State Hospital

How long in hospital or institution? 1 yrs, 10 mos, 13 days 3. (a) FULL NAME

How long in above place of death?

1. PLACE OF DEATH:
Anne Arundel County

Hospital, Institution, or street address where death occurred:

WARREN - PEARL

Crownsville, Maryland
(If outside city of town limits, write RURAL and give nearest town)
place of death?

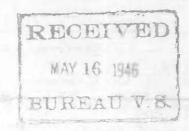
The contract of the city of the

female	5. Color or race black		e, married, widowed, or divorced nknown	MEDICAL CERTIF
			1	21. I CESTIFY that death occurred on the date above stated;
7. Girth date of deceased (mo., day,	- 401	?	e) If alive, give ageunk_years	and that I last saw h er alive on April 2
8. AGE: Year 52		Days nown	If less than one dayhrsmin.	Cerebral Arterioscleros
9. Birthplace	Virgin: (Town, unknow	county, and	state)	Due fo.
11. tndustry or busine				Due to.
12. Name	unknown unknown			Other conditions Senile Psychosis (Include pregnancy within 3 months of
14. Maiden name	unknown unknown			Major fiadiogs of operations
18. Informant			rds Maryland	Actors results
burra	on, or removal. Which?	Dafe fher	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in Accident, suicide, or homicide
Cemetery or crema	ownser	le		(City or town) Injured at home, farm, Industry, public place (where?)
18. Funeral director	Dukt.	ville		Means of Injury
19 May) 4 19.49 (٤.	Floyce Local Registrar	23. SIGNITURE Address. Crownsville, Maryland

	3. (b) Social Security Number unknown		
MEDICAL CER	TIFICATION		
20. DATE DF DEATH April 29	19 46 at 4:00 Am		
21. I CERTIFY that death occurred on the date above to June 19			
and that I last saw her alive on Apri	1 28 10 46		
Immediate cause of death Cerebral Arterioscle			
Due fo.			
Due to			
Other conditions Senile Psychos	ns since		
(Include pregnancy within 3 mor			
Actorsy results	Date of op.		
PHYSICIAN: Please underline the cause to which 22, VIOLENCE: If death was due to external causes	death should be charged statistically.		

(County)

(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

U	3	43	6	
eg. Diat	. No	• • • • • • • • • • • • • • • • • • • •	2	ļ

1. PLACE OF DEATH: arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary Land County Chima Chrendel
How long in above place of death?	City or 10wn
Hospital, Institution, or street address where death occurrent:	Street No. 5 30 7 last St.
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Douglas Wate	Rucese 3. (b) Social Security Number
4. Sex 5. Color or race (Gr(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Married	20. DATE DE DEATH April 3 1946 21 10 20 PM
8.(6) Name of husband or with Mary Dritton Waterman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.Ghlf alive, give ageyears	march - 18 46 10 april 3 19 46
deceased (mo., day, yr.) Sept 25-4 1871	and that I last saw h. A
8. AGE: Years Months Days If less than one day	Immediate cause of death
74 6 9hrsmin.	
S. Birthplace Bordentown 1. Town, county, and state	Due to
(Kathana)	
10. Usual occupation	Due to
11. Industry or Bugness / Water J Waterman	Dither conditions.
13. Birthplace / Phila Page	
	(Include pregnancy within 3 months of death)
14. Maiden name / atherine Thompson 15. Birthplace Dordentown M. f. 16. Informant / atherine Thompson	Major findings of operations. Capture of the Date of op.
Katherine Thompson	Autonay results
Address 530 First St. Eastport Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cranatin 18/1/20 4th 1946	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, which!)	Accident, suicide, or homicide
Cemetery or crematory + art & incolin	Where did injury occur?
Location Vugue Teo Co. Ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John My Lay Cor Jon	Means of injury Injured at work?
Address Oamafolis Md.	
o Clarie 4 11 46	23. SIGNATURE M. D. or other
(Date ec'd by registrar) Registrar	Address to my way load Date signed 4/4/4/6



The transfer was the party of the

03437 Reg. Diat. No. 28

2411 N. Charles St., Baltimore 13-8)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Anne Arundel County			X	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 yrs, 8 mos, 28 days Hospilal, insiliution, or street address where death occurred:		Street No. 82 (2) Calvert Street	nearest town)				
	sville Stat		os, 28 days	(If rural, give LOCATION) 2.(a) If yeteran, name war			
3. (a) FULL NAM				3. (b) Social Securi	ity Number		
4. Sex female	5. Color or race black	8.(a)Singi	e, merried, widowed, or divorced single	MEDICAL CERTIFICATION 2D. DATE OF DEATH April 14. 1944	61:35.A.		
7. Birth date of	or wife	6.(c) If alive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I attended d	eceased from		
8. AGE: Year	s Months	Days O	If less than one day	Immediate cause of death Lung Tuberculosis	Known to		
10. Usual occupation.	Housewor		state)	Due to	2 weeks		
11. tndustry or busines 12. Name	Louis B W	leems		Other conditions Dementia Praecox (Include pregnancy within 3 months of death)	us since		
14. Malden name 15. Birthplace	Georgiana Maryland	Kemp		(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant	Hospital Crownsvil		ryland	Autopsy results	ged statistically.		
17. Buried (Burial, cremation) Cemeiery or cremation	n, or removal. Which? ory Brewer	Date the	eof April 17, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)		
Location Wes	st St. Exte	ended,	nnapolis, Md. Hicks	Injured at home, farm, Industry, public place (where?)			
Address 45 N	West St.,	Anna	olis, Maryland	23. SIGNATURE THE PROPERTY OF	D. or other		
19. ORTA	6 19 4 k)	Registra	Address Crownsville, Maryland Date sign	4/13/46		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIF	FICAT	TE OF DEATH Reg. Dist. No. 27
City or town. F.O. How long in above p Hospital, institution Regional	Arundel rt George G (If outside city or town I place of dealh? n, or street address where Hospital, F	Meade limits, write R death occurred	Maryland d: G. Meade, Mary and 22 days	land	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State GERMANY County City or town. Wiesens tetten, Kreis Horb, Wher temberg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. (German Prisoner Of War.)
	NN WEKERLE		31G-50178	4	3. (b) Social Security Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorce ng le	ed	MEDICAL CERTIFICATION 20. OATE OF DEATH 26 April 1946 19 at 2230 PM
Same addr. 7. Birth date of deceased (mo., d 8. AGE: Y 38 9. Birthplace GH 10. Usual occupation	ress as (2) day.yr.) July 11 Years Months 9 ERMANY (Town, Constructions siness	5.(c th, 190 Days 15 county, and s	If less than one dayhrs.		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17.0 1 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19
16. Interment Me Address U • S 17. Date Member (Burial, cremate)	edical Record Army, Ft. 0 Lation, or removal. Which? Amatory. Past	ds & Se Geo. G.	rvice Record Meade, Mary (month) (day) (s League Meade	rland 146 (year)	Major findings of operations. Date of op. Antepsy results. Car is normal. Stamach & abdominal PHYSICIAN: Please underline the causelo which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (Coooty) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?
Address 2	, , , , , , , , ,	air 1	Road.		23 SIGHATURE DAMP B. Surm. Capt Me. D. or other M. D. or other M. D. or other

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The equivalent is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No. 21
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	(If rural, gly LOCATION) 2.(a) If veteran, name war
Trances Oleve 20 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Wilamed	20. DATE OF DEATH. 19.46 10. A. M.
6.(b) Name of husband or wife Buth E, tolite 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date about lated; that fattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4 29hrsmin.	Immediato cause of death
9. Birthpiace Quespalio Q. U. Co. Sud: 10. Usuai occupation Wess papers (ACT)	Ove to Coronary Delerosis unluan
11. Industry or business 12. Name + passeis 9. White, \$1.	Oue to
13. Birthplace Uguespeele, Md. 14. Maiden name Murches & Dys 15. Birthplace Kentucky	(Include pregnancy within 3 months of death) Major fiadiugs of operations
18. Informant	Actopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Description States In Gaylor & Son	Injured at home, farm, industry, public place (where?) Maans of injury Injured at work 3 epople
Address Rungs Sno.	23. SIGNATURE The M. Caffy M.D. Medical Expunsion. M. D. or other
(Date jee'd by registrar)	Address Hunspoter Ohl. Date signed 4/29/46

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MARYLAND STATE DEPARTMENT OF HEALTH

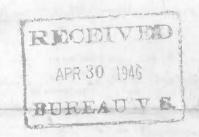
2411 N. Charles St., Baltimore

03440

CERTIFICATE OF DEATH

Reg. Dist. No. 21

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
O / NEUTY NAMED	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female colored -	
Temale cocold -	20. DATE OF DEATH. april 2 5 19 4 6 21 7155 P. M
6.(b) Name of husband or wife 2. 1946 6.(c) If alive, give age years 7. Bigh date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-2 19 19 10 11 18 18
deceased (mo., day, yr.) April 20, 19 46	Immediato cause of death DURATION
8. AGE: Years Months Days If less than one day O 5hrsmin.	dehydration
9. Birthplace Aunspolis, A. A. Co. md. (Town, county, and state)	Due to Dunkey & vorunting
10. Usual occupation	Due to. Gasto solava
11. industry or business 12. Name. Bustavons White	Other conditions
13. Birthplace A. A. Co-	(Include pregnancy within 3 months of death)
14. Malden name mary Frances Robinson	Major findings of operations.
15. Birthplace Amapalis. md	
16. Informant Gustavous White	Antopsy results
Address Quality of the second	22. VIOLENCE: If death was due to exfernal causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Wbich?) Cemetery or crematory	Where did Injury occur?
Location Aurapolis, md.	Injured at home, farm, Industry, public place (where?)
and a contract of the contract	Meens of Injury Injured at work?
18. Funeral director.	1. Celler out
19. april 29.1946 / U. Ormel	23, SIGNATURE M. D. or other M. D. or other Address / 7 Cowell St. Bata signed 4-L6-th



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (85)

			4	
Reg.	Diat.	No.	2	X.

1. PLACE OF DE Ann	EATH: e Arundel (ounty		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			d URAL and give nearest town)	State Maryland County Somerset	
(11	outside city or town !	mits, write R	URAL and give nearest town)	City or town	
How long in above plan	or street address where	doub accurred	28 days		
Crown:	sville Stat	e Hosp	ital	Street No. Box #260 (If rural, give LOCATION)	
*	sville Stat	onths,	28 days	2.(a) If veteran, name war.	
How long in nospital	or institution?				** *
3. (a) FULL NAM	WHITTING	TON -	WILLIAM	3. (b) Social Securit	y Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	black	S	ingle	20. DATE OF DEATH. April 14 19 46	3:15 P
6,(b) Name of husban	nd or wife			21. I CERTIFY that death occurred on the date above stated; that t attended de November 16 19 45 to April	ceased from
***************************************	**************************	6.(0	e) If alive, give ageyears	and that I last saw h im alive on April 14	10 46
7. Birth date of	yr.) January				
8. AGE: Yes	irs Months	Oays 2	If less than one day	Immediate cause ni death	DURATION
			hrsmin.		
9. Birthplace	Marion Sta	ation,	Maryland	Bue to	
	none (Town,	county, and a	state)		
10. Usual occupation	1		***************************************	Due to	*****
11. Industry or busin				7.3.1	V
至 12. Name	unknown			Other conditions Idiot	Known to
12. Name	unknown				us since
8	Estella	Whitti	ngt.on (?)	(Include pregnancy within 3 months of death)	11/10/45
HIOW 14. Maiden nam				Major findings of operations	***************************************
≥ 15. Birthplace			, Maryland	Date of op	
16. Informant	Hospital	Records		Antopsy results	. J . at . 62 at . a. 11
Address	Crownsvil	le. Mar	vrl and	PHYSICIAN: Please underline the cause to which death should be charge	ed statisticany.
1	1 /	,		22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremati	on, or removal. Which	. Uate ther	eof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crem	atory The care	reh		Where did injury occur?	(State)
	nacion		e md	injured at home, fagm, Industry, public place (where?)	
	00			Means of Injury Injured at york?	
18. Funeral director	Chas		ward		
Address	marie	m	ma	I would tell , mile	105
01-1	11 11)				D. or other
19. (Dat rec'd by	registrar)	7	Registrar	Address Crownsville, Maryland Date signe	4/14/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

PRECEDENT STATES

ALL THE WILL ASSESS OF THEIR

High ag

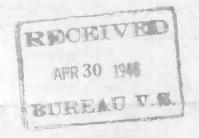
1 =			5	0)
Reg.	Diat.	No.		

	Nog. Disc. No. manner
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother) State. City or tota. City or tota.
How long In above place of death? Hospital, Institution, or street address where death occurred:	(If outside city or two limits write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elizabe	the Nier 3. (b) Social Security Number
Female White Married Widowed, Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Spif 75, 146 3130 p
6.(b) Hame of hueband or wife. Namodes Wills. 8.(c) If alive, give age	21. I CERTIFY that death occurred on the dele above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Q. Q. Co Md.	Due to Carcinowa of
10. Usual occupation. Houselve (Town, coupty, and state)	Lignoid Colon Due 10.
11. Industry or bushless 12. Name	Dither conditions.
13. Birthplase 14. Maiden name 17 elected Purdy 15. Birthplace Q Q Co Md.	(Include pregnancy within 3 months of death) Major findings of operations. Carcinowa of Lymond
16. Informani Donorden Dier	Autopsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Mays. a. a. C. C. Md. 17. Brings Date Mercol Ofs 284194	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Birrial, cremation, or negloval, Which?) Cemetery or crematory	Where did injury occur?
18. Funeral director de la Contraction de la Con	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Annapolis Md.	23. SIGNATURE James (X Martin, M.D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed 4 27 46

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PH Exact REC CTL classified. EX stated MARGIN RESERVED carefully

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH plnods item of Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) SICIANS How long in U.S. If of foreign birth? vrs. mos. Length of residence in city or town where death occurred ____ statement If U. S. Veteran, specify WAR (a) Residence: No. (Usual piace of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) trains 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 3rd. 1946 to April 19_46; deeth Is said certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than to have occurred on the date stated above, at ... (2) Davs I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: or min. Cerebral 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc..... may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11, Total time (years) instructions on this occupation (month and spent in this that occupation 12. BIRTHPLACE (city or town (State or country) plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME Accident, suicide, or homicide? CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ plnods (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE S mation TION Nature of Injury____ 19. UNDERTAKER (Address)

General and arterio sclerosia 23. If death was due to external causes (VIOLENCE) fill invelse the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Wes disease or Injury In any way related to occupation of deceased? If so, specify (Address) 1226 danover Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis TIRLA	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	